

CH 2349

PAID

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

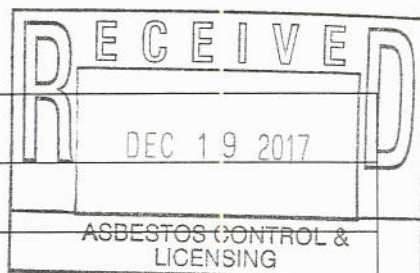
RECEIVED	DEC 19 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 15 / 17		Name of Building Owner/Operator (2) Kessler Management, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad St., Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 600 S. White Horse Pike									
City (5) Hammonton		Square Feet	# of Floors						
		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 12 / 16 / 17	Scheduled Completion Date (11) 12 / 29 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	230 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 ATC		NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Alien Monchik		Title Project Manager		Signature Allen Monchik			Date 12/15/17		

CH1035

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



Date of Notification (1) 12/16/2017		Name of Building Owner/Operator (2) Estate Of Mary Mackels							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Emily Wood-Executive	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Estate Of MaryMackels		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Linden, NJ 07036		B dg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No. 01332						
Start Date (10) 12/26/2017	Scheduled Completion Date (11) 12/29/2017	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8:00AM -5:00PM		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
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
Basement			x	Pipe Insulation	150 LF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Grows North					
City, State Paterson, NJ			Disposal Date TBT	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 12/16/2017			

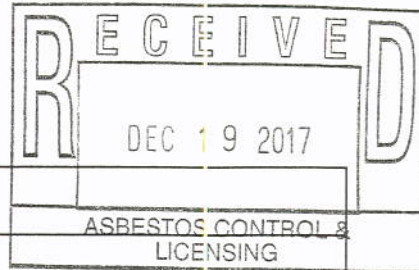


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Check # 1094



Date of Notification (1) <b>12/15/2017</b>		Name of Building Owner/Operator (2) <b>CARRIER CLINIC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS <b>252 ROUTE 601</b> City, State, Zip Code <b>BELLE MEAD, NJ 08502</b> Name of Contact <b>DAVID D'ANDREA</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CARRIER CLINIC/KINDRED HALL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)							
Street Address <b>252 ROUTE 601</b>		Square Feet	# of Floors Bldg. Age						
City (5) <b>BELLE MEAD, NJ</b>		Current Use (Prior if being demolished)							
County <b>MERCER</b>	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>						
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>							
City, State, Zip Code		City, State, Zip Code <b>Hamilton, NJ 08691</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>						
Start Date (10) <b>12/18/2017</b>	Scheduled Completion Date (11) <b>1/2/2018</b>	Name of OSHA Monitor <b>MECS</b>							
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 <b>ESSENTIAL PERSONNEL/EVENING 4PM-12AM</b>		Street Address <b>P.O. BOX 341</b> City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
THROUGHOUT		<input checked="" type="checkbox"/>		NFVAT	1000 S.F.	X			
PIPE INSULATION		<input checked="" type="checkbox"/>		WRAP & CUT	45 L.F.	X			
Name of Registered Waste Hauler <b>CHAMPION DISPOSAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>32707</b>	Cubic Yards of Waste <b>20 YDS</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>HAINESPORT, NJ</b>			Disposal Date <b>1/6/2018</b>	City, State <b>MORRISVILLE, PA.</b>					
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>12/15/2017</b>				

ASB-41

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

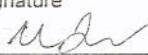


CH 1051

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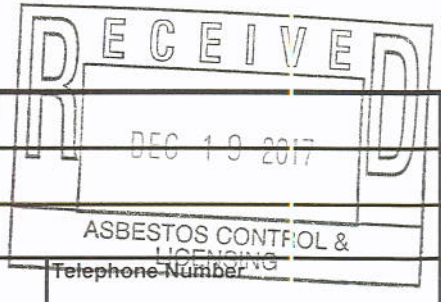
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	DEC 19 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/13/2017		Name of Building Owner/Operator (2) Sandra Docarmo						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079						
		Name of Contact Sandra Docarmo	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Sandra's Residential		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) South Orange		Square Feet	# of Floors					
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC					
Street Address		Street Address 105 Van Riper Ave						
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm		Telephone No.	License No. 01336					
Start Date (10) 12/14/2017	Scheduled Completion Date (11) 1/14/2018	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:		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input 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
Basement		X	Pipe insulation	15 LF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company				
City, State			Disposal Date	City, State Melville, NY 11747				
Completed by Darko Raloski		Title Project Manager	Signature 		Date 12/13/2017			



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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified	Type of Notification	City, State, Zip Code CARLSTADT, NJ 07072	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Name of Contact DOMINICK TUCCI	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Telephone Number	
<input checked="" type="checkbox"/> DOH	Amendment # 1		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 1,400		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 1	Building Age 40 +	
Current Use (Prior if being demolished) OFFICE / PRODUCTION					
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥3sf or ≥3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                      |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos Containing <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			
				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
U15	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U15	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF FLASHING	157 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U15	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	3,660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U15	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 09/20/17		



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

RECEIVED	
DEC 19 2017	
ASBESTOS CONTROL & TESTING	

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact DOMINICK TUCCI	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 300,000		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 3	Building Age 40 +	
			Current Use (Prior if being demolished) OFFICE / WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO.		
Street Address 655 WEST SHORE TRAIL			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code SPARTA, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-729-5649			Telephone Number 973-884-8682		
Scheduled Start Date (10) 07 / 05 / 17			License Number 00860		
Sched. Completion Date (11) 12 / 30 / 17					
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>7:00 AM-3:30 PM</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)

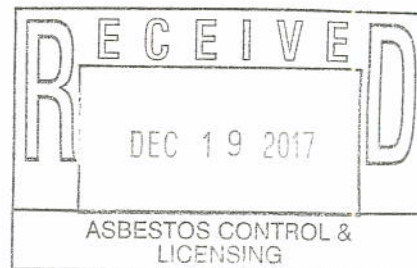
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition                    | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥3sf or ≥3lf                  |  | <input type="checkbox"/> Mini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

Location of Asbestos Containing <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			
				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
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA						
U 13	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATERPROOFING	10,760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	2,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT MASTIC	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING / NORTHSTAR CONTRACTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I. / GROWS	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM / TULLYTOWN, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/03/17



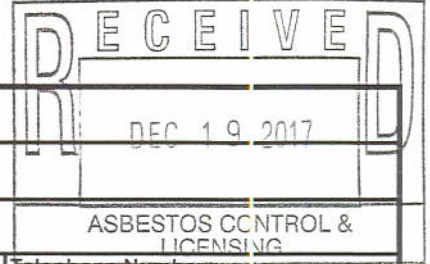
Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW GLAZING	338 WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	89,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	5,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 SOUTH LAB STAIR 1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 TRASH ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1104-1112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1153	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MAILROOM COORIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 STORAGE AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COOL ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 N. EAST WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1174	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LD BATHROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOCKER ROOMS				PIPE & FITTING	130 LF				
U 13 STAIR 1, 3 & 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	15 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WATER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LAB 1209	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COORIDOR 1205	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 EQUIP ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	8 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOMS 1105, 1106 & 1114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	15 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MAILROOM COORIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 STORAGE ROOM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	30 EA	<input checked="" type="checkbox"/>			
U 13 SAMPLE STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	155 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE BATHROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 NORTHEAST BATHROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	45 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOCKER ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	75 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COFFEE ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 1ST FL S. LAB STAIR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 SHIPPING OFFICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COFFEE ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOADING DOCK ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 S. LABS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIREPROOFING DEBRIS	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 1ST FLR RESTROOM & CLOSET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIREPROOFING	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





no ck

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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified	Type of Notification	City, State, Zip Code CARLSTADT, NJ 07072	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Name of Contact DOMINICK TUCCI	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Telephone Number	
<input checked="" type="checkbox"/> DOH	Amendment # 1		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 11,000		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 3	Building Age 40 +	
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

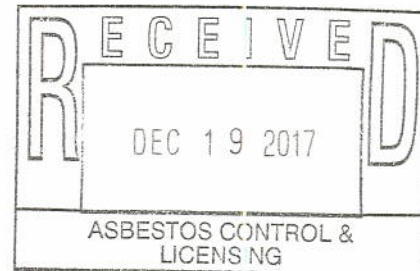
Scope of Work (Check All That Apply)

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E 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
U12	<input type="checkbox"/>	LAB TOPS	655 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12	<input type="checkbox"/>	ROOF FLASHING	3,557 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12	<input type="checkbox"/>	TANK FLASHING	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING				NJDEP Waste Hauler ID No. 4509			
City, State NEWARK, NJ				Disposal Date BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles		Title Project Manager		Signature <i>Steve Stiles</i>		Date 08/17/17	



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						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
	YES	NO	N/A						
U12 - 1ST FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TANK INSULATION	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12 - 2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TANK INSULATION	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSIT	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U12 - ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT TAR	1,100 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"/>



no ck

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

RECEIVED	
DEC 19 2017	
ASBESTOS CONTROL & LICENSING	

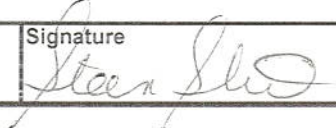
Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified		City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification		Name of Contact DOMINICK TUCCI	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Telephone Number	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOH	Amendment # 1		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 22,000	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 32 Williams Parkway		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____			City, State, Zip Code East Hanover, NJ 07936		
<input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM					

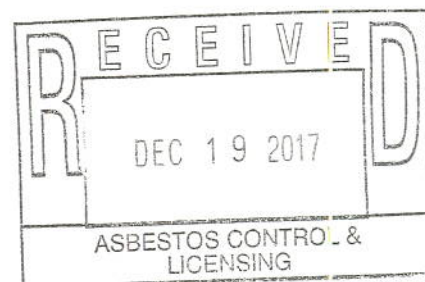
## Scope of Work (Check All That Apply)

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E 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
	YES NO N/A						
U9 / 9A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U9 / 9A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF TAR	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U9 / 9A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	1,600 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 NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/24/17		

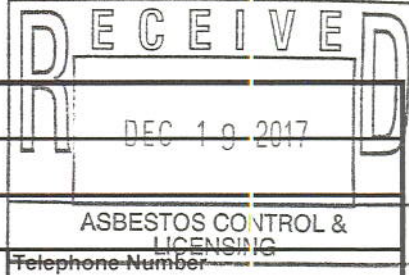


Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						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
	YES	NO	N/A						
U9 / 9A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	3,060 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U9 / 9A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITTINGS	2 EA	<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"/>



NO CK

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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified	Type of Notification	City, State, Zip Code CARLSTADT, NJ 07072	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Name of Contact DOMINICK TUCCI	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Telephone Number	
<input checked="" type="checkbox"/> DOH	Amendment # 1		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 12,500		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 1	Building Age 4( ) +	
Current Use (Prior if being demolished) OFFICE / PRODUCTION					
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

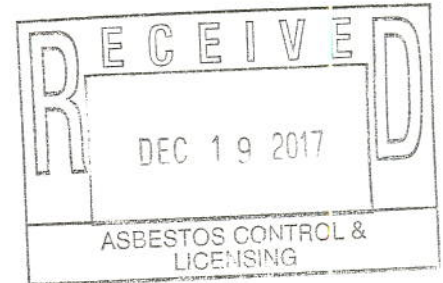
## Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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
U6	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT MASTIC	370 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U6	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U6	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	415 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U6	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOP	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/27/17		



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						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
	YES	NO	N/A						
U6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	510 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	407 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT MASTIC	500 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"/>



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

**RECEIVED**  
DEC 19 2017  
ASBESTOS CONTROL & ABATEMENT DIVISION

**Date of Notification (1)**  
06 / 20 / 17  
**JOB COMPLETED**

**Name of Building Owner / Operator (2)**  
RUSSO DEVELOPMENT INC.

**Street Address**  
570 COMMERCE BLVD

**City, State, Zip Code**  
CARLSTADT, NJ 07072

**Name of Contact**  
DOMINICK TUCCI

**Telephone Number**  
[REDACTED]

**Agencies Notified**  
☒ EPA  
☐ DEP  
☒ DOH  
☒ DOL  
☐ [ ]

**Type of Notification**  
☒ Initial  
☐ Amended  
☐ Amendment # \_\_\_\_\_  
☐ Emergency w/ justification  
☐ Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
FORMER MERCK UNION

**Street Address**  
1011 MORRIS AVE

**City (5)**  
UNION

**County (6)**  
UNION

**County Code (7)**  
[REDACTED]

**Type of Facility (4)**  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e., private & commercial bldgs., homes, etc.)

**Square Feet**  
19,000

**# Of Floors**  
1

**Building Age**  
40 +

**Current Use (Prior if being demolished)**  
OFFICE / PRODUCTION

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

**Street Address**  
655 WEST SHORE TRAIL

**City, State, Zip Code**  
SPARTA, NJ 07871

**Project Mngr. For Monitoring Firm**  
WILLIAM KIERBIL

**Telephone Number**  
973-729-5649

**Scheduled Start Date (10)**  
07 / 05 / 17

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

**ASCM NO.**  
[REDACTED]

**Northstar Contracting Group, Inc.**  
 Street Address: 32 Williams Parkway  
 City, State, Zip Code: East Hanover, NJ 07936  
 Telephone Number: 973-884-8682  
 License Number: 00860

**Occupancy Status During Abatement (Check Only 1)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe: \_\_\_\_\_  
☒ Other - Describe: 7:00 AM-3:30 PM

**Name of OSHA Monitor**  
NORTHSTAR CONTRACTING GROUP, INC.

**Street Address**  
32 Williams Parkway

**City, State, Zip Code**  
East Hanover, NJ 07936

**Scope of Work (Check All That Apply)**

☐ Demolition  
☐ ≥3sf or ≥3lf  
☒ ≥160 sf or ≥260 lf

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

Location of Asbestos Containing <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			
				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
	YES NO N/A						
U5 / 5A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTINGS	52 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U5 / 5A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	4 EA	<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**  
NEWARK CARTING

**NJDEP Waste Hauler ID No.**  
4509

**Cubic Yards of Waste**  
[REDACTED]

**Name of Registered Landfill**  
I.E.S.I.

**City, State**  
NEWARK, NJ

**Disposal Date**  
[REDACTED]

**City, State**  
BETHLEHEM, PA 18105

**Completed by (Print or Type)**  
Steve Stiles

**Title**  
Project Manager

**Signature**  
[Signature]

**Date**  
06/20/17



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

**RECEIVED**  
DEC 19 2017  
ASBESTOS CONTROL & LICENSING  
Telephone Number

**Date of Notification (1)**  
06 / 20 / 17  
JOB COMPLETED

**Agencies Notified**

<input checked="" type="checkbox"/>	EPA	<input type="checkbox"/>	Initial
<input type="checkbox"/>	DEP	<input checked="" type="checkbox"/>	Amended
<input checked="" type="checkbox"/>	DOH		Amendment # 1
<input checked="" type="checkbox"/>	DOL	<input type="checkbox"/>	Emergency w/ justification
<input type="checkbox"/>		<input type="checkbox"/>	Cancellation

**Name of Building Owner / Operator (2)**  
RUSSO DEVELOPMENT INC.

**Street Address**  
570 COMMERCE BLVD

**City, State, Zip Code**  
CARLSTADT, NJ 07072

**Name of Contact**  
DOMINICK TUCCI

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
FORMER MERCK UNION

**Street Address**  
1011 MORRIS AVE

**City (5)**  
UNION

**County (6)**  
UNION

**County Code (7)**

**Type of Facility (4)**

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e., private & commercial bldgs., homes, etc.)

**Square Feet**  
20,000

**# Of Floors**  
1

**Building Age**  
40 +

**Current Use (Prior if being demolished)**  
OFFICE / PRODUCTION

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

**Street Address**  
655 WEST SHORE TRAIL

**City, State, Zip Code**  
SPARTA, NJ 07871

**Project Mngr. For Monitoring Firm**  
WILLIAM KIERBIL

**Telephone Number**  
973-729-5649

**Scheduled Start Date (10)**  
07 / 05 / 17

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

**ASCM NO**  
NORTHSTAR CONTRACTING GROUP, INC.

**Street Address**  
32 Williams Parkway

**City, State, Zip Code**  
East Hanover, NJ 07936

**Telephone Number**  
973-884-8682

**License Number**  
00860

**Occupancy Status During Abatement (Check Only 1)**

☐ Facility Closed/Vacated During Entire Period of Abatement

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

☒ Other - Describe: 7:00 AM-3:30 PM

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

Location of Asbestos Containing <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			
				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
	YES NO N/A						
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT & MASTIC	480 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT INSULATION	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VIBRATION CLOTHE	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	RADIATOR MASTIC	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Name of Registered Waste Hauler**  
NEWARK CARTING

**NJDEP Waste Hauler ID No.**  
4509

**City, State**  
NEWARK, NJ

**Name of Registered Landfill**  
I.E.S.I.

**City, State**  
BETHLEHEM, PA 18105

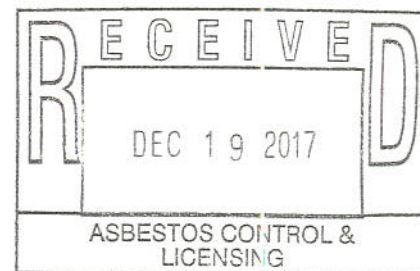
**Completed by (Print or Type)**  
Steve Stiles

**Title**  
Project Manager

**Signature**  
*Steve Stiles*

**Date**  
08/17/17

Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						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
	YES	NO	N/A						
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GLUE DABBS	200 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	60 FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	3,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	150 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	7,450 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"/>





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

RECEIVED			
DEC 19 2017			
ASBESTOS CONTROL & REMEDIATION			
Telephone Number			

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified		City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification		Name of Contact DOMINICK TUCCI	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOH	Amendment #		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 14,000	# Of Floors 2	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 32 Williams Parkway		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____			City, State, Zip Code East Hanover, NJ 07936		
<input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM					

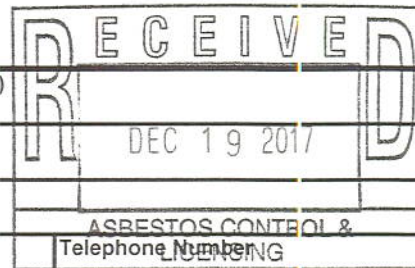
Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				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
U3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	LINOLEUM AND MASTIC	600 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	CAULK	1,060 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WATERPROOFING	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF FLASHING	3,120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17		



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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETED		Street Address 570 COMMERCE BLVD	
Agencies Notified	Type of Notification	City, State, Zip Code CARLSTADT, NJ 07072	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Name of Contact DOMINICK TUCCI	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Telephone Number	
<input checked="" type="checkbox"/> DOH	Amendment # 1		
<input checked="" type="checkbox"/> DOL	Emergency w/ justification		
<input type="checkbox"/>	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 77,000		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 3	Building Age 40 +	
Current Use (Prior if being demolished) OFFICE / PRODUCTION					
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		Telephone Number 973-729-5649	Telephone Number 973-884-8682		License Number 00860
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17			
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: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

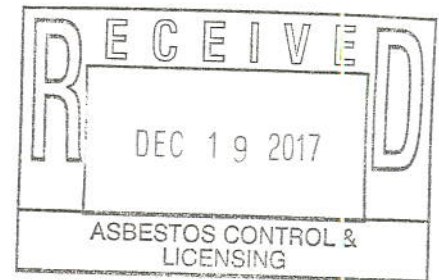
Scope of Work (Check All That Apply)

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

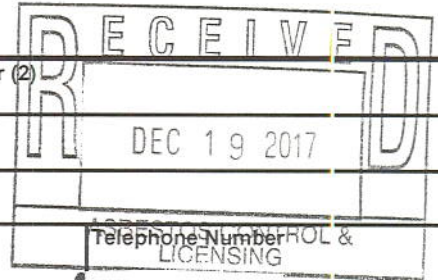
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E 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
	YES NO N/A						
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATER PROOFING	17,660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MASTIC	17,175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	810 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.			
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 08/01/17		



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						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
	YES	NO	N/A						
U1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTINGS	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1 FIRST FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT MASTIC	10,060 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1 SECOND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT MASTIC	11,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1 THIRD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT MASTIC	14,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1 SECOND FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	9,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U1 THIRD FLOOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	5,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
JOB COMPLETE		Street Address 570 COMMERCE BLVD	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact DOMINICK TUCCI	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 200		
City (5) UNION	County (6) UNION	County Code (7)	# Of Floors 1	Building Age 40 +	
Current Use (Prior if being demolished) OFFICE / PRODUCTION					
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> ≥3sf or ≥3lf                  |  | <input type="checkbox"/> Mini - Enclosure                                      |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos Containing <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			
				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
76 TANK SHED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING	200 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"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17



Print Form

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

**2339** **PAID**

**10-31-17 DAY**

**10-31-17 DAY**

**RECEIVED**

**DEC 19 2017**

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 10/31/17		Name of Building Owner/Operator (2) Gabe Mardelli	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07501 Name of Contact Gabe Mardelli Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson		Square Feet	# of Floors
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		Name of Abatement Contractor (9) Academy Construction Inc.	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 10/31/17		Scheduled Completion Date (11) 11/07/17	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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:		Same as above	
Scope of Work (Check All That Apply)		Street Address	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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)
Basement	Yes No N/A	Pipe Insulation	150 LF
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Academy Construction Inc.	034422	3	GROWS Landfill
City, State	Disposal Date	City, State	
Totowa, NJ	TBD	Tullytown, PA	
Completed by	Title	Signature	Date
John Geleski	PM		10/31/17



PAID

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

No check

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  9 2017 </div>	
Agencies Notified		Street Address 570 COMMERCE BLVD			
Type of Notification		City, State, Zip Code CARLSTADT, NJ 07072			
		Name of Contact DOMINICK TUCCI			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 6,500	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address		
City, State, Zip Code SPARTA, NJ 07871			32 Williams Parkway		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			City, State, Zip Code		
Telephone Number 973-729-5649			East Hanover, NJ 07936		
Scheduled Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 03 / 30 / 18		License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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: 7:00 AM-3:30 PM			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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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			R E M O V A L	E N C A P S U L
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	1,400 SF	<input checked="" 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		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 12/18/17



PAID

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

Sheet # 3001

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 19 2017 CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 9,500	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO.		
Street Address 655 WEST SHORE TRAIL			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code SPARTA, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-729-5649			Telephone Number 973-884-8682		
Sched. Start Date (10) 07 / 05 / 17			License Number 00860		
Sched. Completion Date (11) 03 / 30 / 18					
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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: 7:00 AM-3:30 PM			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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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			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
U18		ROOFING	600 SF		
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.		
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 2/18/17		

Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used  Solely by Main- tenance/ 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			
				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
	YES NO N/A						
U18	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE DUCT	4,500 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"/>

