

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

2296

PAID

RECEIVED  
DEC 20 2018  
ASBESTOS CONTROL

Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input checked="" type="checkbox"/> EPA <input 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 Newark, NJ 07104							
		Name of Contact Valentina Baldessarre	Telephone Number 973-497-4116						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Mary's Roman Catholic Church-Day Care Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 280 Washington Ave.		Square Feet 60,000	# of Floors 3						
City (5) Dumont		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Day Care Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 64 Broad St.		Street Address 156 Maple Ave.							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 862-221-9092						
Start Date (10) 12-28-18		Scheduled Completion Date (11) 01-01-19	License No. 01107						
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 Leslaw Nalodka							
		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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) <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 B-08		*		Ceiling Tiles	450 sf.	*			
Room B-08		*		Texture Ceiling	450 sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 01-02-19		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 12/10/18			



Dec.11.2018 04:32 PM ACADEMY CONSTRUCTION INC 9738324143

PAGE 2/4

DEC 20 2018

ASBESTOS CONTROL &amp; LICENSING

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

**CK 2782 PAID**

Date of Notification (1) 12/11/18		Name of Building Owner/Operator (2) Randolph Township Public School District	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	25 School House Road	973-361-0808
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869	
		Name of Contact Andy Hurd	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Center Grove School		Type of Facility (4)	
Street Address 25 School House Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Randolph		Square Feet	# of Floors
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (or if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc
Street Address PO Box 365		Street Address 205 Route 46 Suite 14	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 075-1	
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 808-652-1833	Telephone No. 973 832 4244
Start Date (10) 12/13/18		Scheduled Completion Date (11) 12/20/18	License No. 01379
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Same as above	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address	
<input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 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-Exempt (12) 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)
Basement hallway	Yes No N/A	9x9 Floor Tile & Mastic	100sf
Name of Registered Waste Hauler Academy Construction Inc	NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 3	Name of Registered Landfill GRC NS Landfill
City, State Totowa NJ	Disposal Date TBD	City, State Tullytown PA	
Completed by John Geleski	Title Supervisor	Signature <i>John Geleski</i>	Date 12/11/18



CK 5360

PAID

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

RECEIVED

DEC 20 2018

ASBESTOS CONTAMINATION  
LICENSING

Date of Notification (1)

12/13/18

Name of Building Owner/Operator (2)

Tom Lorenz

Agencies Notified

- ☒ EPA  
☒ DEP  
☒ DOL  
  
☒ DOH  
☐ DCA

Type/Notification

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

Street Address

City, State, Zip Code

Name of Contact

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Resident

Street Address

City (5)

County (6)

Burlington

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Start Date (10)

12/22/18

Scheduled Completion Date (11)

12/22/18

Occupancy Status During Abatement (Check Only One)

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

- ☐ Renovation  
☒ Demolition

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

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

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement  
Type

Removal

Repair

Encapsulation

Enclosure

Business  
Duct wrap

Duct wrap

25F

Name of Registered Waste Hauler

Ann Joe LLC

NJDEP Waste  
Hauler ID No.  
20847

Cubic Yards  
of Waste

Name of Registered Landfill

WM of PA

Disposal Date

1.5D

City, State

Williamstown PA

Completed by

Joseph T Hall

Title

V President

Signature

[Signature]

Date

12/13/18

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

CK15072 PAID

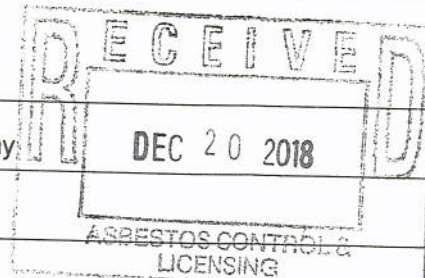
Date of Notification (1) Dec. 16, 2018		Name of Building Owner/Operator (2) NICHOLAS FELDMAN		DEC 20 2018	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HOBOKEN, NJ 07030  Name of Contact TONI FELDMAN	
				Telephone Number	

Name of Facility Where Abatement is Taking Place (3) FELDMAN PROPERTY MARINA TOWERS				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 1000 RIVER ROAD, UNIT 6G				Square Feet 900 SF		# of Floors 9		
City (5) BELMAR				Bldg. Age 1975				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL CONDOMINIUM				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.			
Street Address				Street Address 17 Thompson Street				
City, State, Zip Code				City, State, Zip Code West Long Branch, NJ 07764				
Project Manager for Monitoring Firm n/a			Telephone No.		Telephone No. 732.222.8372		License No. 00040	
Start Date (10) DEC. 26, 2018		Scheduled Completion Date (11) DEC. 27, 2018		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				
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) <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
Living Room			X	AC textured ceilings	300 SF	X		
Bedroom & Closet			X	"	200 SF	X		
Dining Room			X	"	100 SF	X		
Hallway & Closet			X	"	80 SF	X		
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058		Cubic Yards of Waste 1CY	Name of Registered Landfill FAIRLESS LANDFILL			
City, State WEST LONG BRANCH, NJ 07764				Disposal Date 12/28/18	City, State MORRISVILLE, PA			
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 		Date 12/16/18		



NOCK

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



Date of Notification (1) 12/12/2018		Name of Building Owner/Operator (2) Exelon - Atlantic City Electric Company		<b>RECEIVED</b> DEC 20 2018 <b>ASBESTOS CONTROL &amp; LICENSING</b>	
Agencies Notified	Type Notification	Street Address 505 West Oak Avenue			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wildwood, NJ 08260			
		Name of Contact Ed Coppinger III		Telephone Number 856 433 6000	

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Exelon - Atlantic City Electric Company		Type of Facility (4)	
Street Address 505 West Oak 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) Wildwood	Square Feet 2000	# of Floors 1	Bldg. Age 50 yrs +
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Room	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Advanced Specialty Contractors	
City, State, Zip Code		Street Address 2400 Main Street Extension Suite 10	
Project Manager for Monitoring Firm		City, State, Zip Code Sayreville, NJ 08872	
Telephone No.		Telephone No. 732-525-0100	License No. 00750
Start Date (10) 1/3/2019	Scheduled Completion Date (11) 1/11/2019	Name of OSHA Monitor Tiger Environmental	
Occupancy Status During Abatement (Check Only One)		Street Address 256 A Jefferson Court	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Normal Hours - Close Off</u>		City, State, Zip Code Lakewood, NJ 08701	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

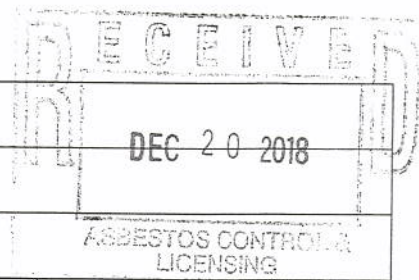
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Panels		X		Transite Panels	2000 Sf	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill GROWS	
City, State Freehold, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Mike Andrew	Title Account Manager	Signature 		Date 12/17/2018	



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



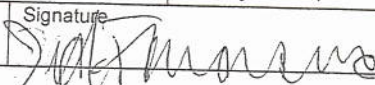
Date of Notification (1) 12/13/18		Name of Building Owner/Operator (2) Morristown Neighborhood House							
Agencies Notified	Type Notification	Street Address 12 Flagler St.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> 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 Morristown, NJ 07960							
		Name of Contact Mitch Perry	Telephone Number 973-538-1229						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)							
Street Address 12 Flagler St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet 24,000	# of Floors 2						
County (6) Morris		Bldg. Age 70 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Property							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No. _____		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 12/15/18	Scheduled Completion Date (11) 12/16/18	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Boy's Room		X		Pipe Wrap	12 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 12/13/18			



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

**CK 43030 PAID**

**RECEIVED**  
**DEC 20 2018**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>12/06/2018</b>		Name of Building Owner/Operator (2) <b>DBI Projects</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>1261 Broadway</b>		City, State, Zip Code <b>New York, NY 10001</b>							
Name of Contact <b>Chris Tomlan &amp; Brian Bennington</b>		Telephone Number <b>215-533-1200</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Henry Bonsall Elementary School</b>		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 <b>1575 Mt. Ephraim Ave</b>		Square Feet <b>100,000</b>							
City (5) <b>Camden, NJ</b>		# of Floors <b>3</b>							
County (6) <b>Camden</b>		Bldg. Age <b>75+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>00110</b>							
Street Address <b>7 Pleasant Hill Rd.</b>		Name of Abatement Contractor (9) <b>Associated Specialty Contracting</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		Street Address <b>98 Lacrue Ave, Suite 110</b>							
Project Manager for Monitoring Firm <b>Kevin T. Lovely</b>		City, State, Zip Code <b>Glen Mills, PA 19342</b>							
Telephone No. <b>732-390-5858</b>		Telephone No. <b>610-364-9622</b>							
Start Date (10) <b>12/17/2018</b>		License No. <b>01103</b>							
Scheduled Completion Date (11) <b>1/31/2019</b>		Name of OSHA Monitor <b>Criterion Labs</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 Other - Describe: _____		Street Address <b>3370 Progress Drive</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Bensalem, PA 19020</b>							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1916 Building Attic			X	Clean Up Debris	20 SF	X			
1916 Building Shaft			X	Pipe Insulation - Wrap and Cut	15 Lf	X			
Stairs			X	Mastic	320 Sf	X			
Name of Registered Waste Hauler <b>Mercer Group International</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Tulleytown Resources Recovery Landfill</b>				
City, State <b>1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637</b>		Disposal Date <b>As Required</b>		City, State <b>Tulleytown, PA</b>					
Completed by <b>Jack Tomasura</b>		Title <b>Sr. Estimator</b>		Signature 		Date <b>12/18/2018</b>			



12/13/2018 3:06PM FAX

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:126)

RECEIVED  
00003/0004  
Print Form

Date of Notification (1) <b>12/13/2018</b>		Name of Building Owner/Operator (2) <b>Ash - Gardner</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>Trenton, N. 08618</b>	
Name of Contact <b>Helen Ash-Gardner</b>		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Trenton, NJ 08618</b>		Squares Feet <b>100</b>	
County (6) <b>Mercer</b>		# of Floors <b>2</b>	
County Code (7) (STATE USE ONLY)		Bldg. Age <b>100+/-</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Current Use (Prior to being demolished)	
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>	
City, State, Zip Code <b>Crosswicks, NJ 08615</b>		Street Address <b>PO Box 322</b>	
Project Manager for Monitoring Firm <b>Bill Walsgarber</b>		City, State, Zip Code <b>Allentown, NJ 08601</b>	
Start Date (10) <b>12/14/2018</b>		Telephone No. <b>609 259-9883</b>	
Scheduled Completion Date (11) <b>12/18/2018</b>		License No. <b>00493</b>	
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: 8 am 4 pm		Name of OSHA Monitor <b>MECS</b>	
Street Address <b>PO Box 341</b>		City, State, Zip Code <b>Chesterfield, NJ 08515</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 251 sf or less <input checked="" type="checkbox"/> 251 sf or less <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Compliance with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Enclosed ("") and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Basement		Yes No N/A	
Boiler Insulation		20 sf	
Amount (Specify SF or LF)		Abatement Type	
Removal		Repair	
Encapsulate		Enclose	
Name of Registered Waste Hauler <b>Stevens Environmental Services</b>		NJDEP Waste Hauler ID No. <b>18292</b>	
City, State <b>Allentown, NJ</b>		Cubic Yards of Waste <b>1 cu</b>	
Disposal Date <b>12/18/2018</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Allentown, PA</b>		Completed By <b>Mahlon E. Stevens</b>	
Title <b>Project Manager</b>		Signature <i>[Signature]</i>	
Date <b>12/13/2018</b>			

ASB-41 (R-08-08)

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



**PAID**

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

**Check # 25748**

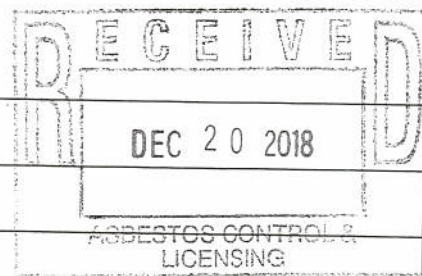
Date of Notification (1) 12/13/2018		Name of Building Owner/Operator (2) Ash - Gardner							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08618							
		Name of Contact Helen Ash- Gardner	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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) Trenton, NJ 08618		Square Feet 1500	# of Floors 2						
County (6) Mercer		Bldg. Age 100+/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 12/14/2018	Scheduled Completion Date (11) 12/18/2018		Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	20 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 12/18/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 12/13/2018			



OK 3208

PAID

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



Date of Notification (1) 12/11/18		Check #3298		Name of Building Owner/Operator (2) Link Community Charter School					
Agencies Notified		Type Notification		Street Address 23 Pennsylvania Ave					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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, 07114					
				Name of Contact Leslie Baynes					
				Telephone Number 862-252-0945					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Link Community Charter School				Type of Facility (4)					
Street Address 23 Pennsylvania Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark				Square Feet 30,000	# of Floors 4				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01074				
Start Date (10) 12/12/18		Scheduled Completion Date (11) 12/13/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<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: 4pm				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Attic		X		ACM Pipe Insulation	9 LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 12/11/18			



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

Check # 25753

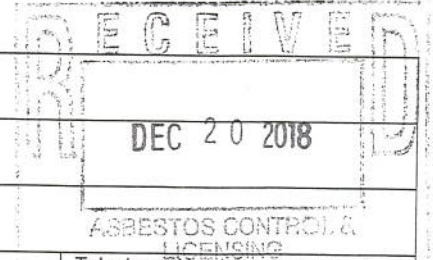
Date of Notification (1) 12/17/2018		Name of Building Owner/Operator (2) McCann							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" 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 Cream Ridge, NJ 08501							
		Name of Contact Jonathan McCann							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1600      # of Floors 1      Bldg. Age 80+/-							
City (5) Cream Ridge, NJ 08501		Current Use (Prior if being demolished)							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609 ) 298-4070	Telephone No. 609 259-9688      License No. 00493						
Start Date (10) 12/26/2018	Scheduled Completion Date (11) 12/31/2018	Name of OSHA Monitor MECS							
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 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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
Basement		X		VAT	600 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 12/31/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 12/17/2018					



C13300

PAID

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



Date of Notification (1) 12/12/18		Check # 3300		Name of Building Owner/Operator (2) Taylor Managment Company					
Agencies Notified		Type Notification		Street Address 80 South Jefferson Rd					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Whippany, NJ, 07981					
				Name of Contact Angela Rada					
				Telephone Number (201) 869-7977					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Tower West Apartments				Type of Facility (4)					
Street Address 6050 Boulevard East				<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 New York				Square Feet 100,000	# of Floors 20+				
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01074				
Start Date (10) 12/17/18		Scheduled Completion Date (11) 12/18/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<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: 8am				City, State, Zip Code N/A					
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					
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 Pipe Room		X		ACM Pipe Insulation	177 LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 12/12/18			



Date of Notification (1) 1   2   /   1   7   /   1   8		Name of Building Owner/Operator (2) Lakeland Regional High School	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 205 Conklintown Rd		City, State, Zip Code Wanaque, NJ 07465	
Name of Contact William Grimes		Telephone Number (973) 766-5408	

DEC 20 2018

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lakeland Regional High School			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 205 Conklintown Rd			Square Feet 30000		
City (5) Wanaque, NJ 07465			# of Floors 2		
County (6) Passaic			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Educational Building		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 116 Tices Lane, Unit B - 1			Street Address 180 Sargeant Avenue		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		
Sched. Start Date (10) 1   2   /   2   9   /   1   8			Sched. Completion Date (11) 1   2   /   3   1   /   1   8		
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 Four Strong Builders, Inc.		
			Street Address 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

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

☒ Renovation

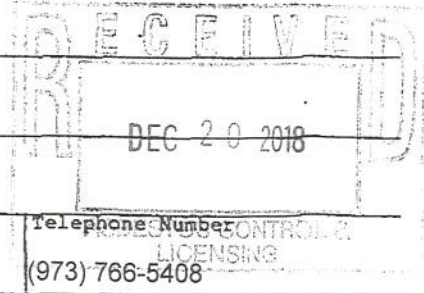
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Friable Procedure

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			R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
Room 300 - The Future Stem Lab II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Dots on 2 walls behind the chalk boards	30 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 Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date		City, State Pan Argy, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 12/17/18	



Date of Notification (1) <u>1</u> / <u>2</u> / <u>1</u> / <u>7</u> / <u>1</u> / <u>8</u>		Name of Building Owner/Operator (2) Lakeland Regional High School	
Agencies Notified <input type="checkbox"/> JEPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> IDOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 205 Conklintown Rd		City, State, Zip Code Wanaque, NJ 07465	
Name of Contact William Grimes		Telephone Number (973) 766-5408	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lakeland Regional High School Street Address 205 Conklintown Rd City (5) Wanaque, NJ 07465			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.) Square Feet 30000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) Educational Building		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc. Street Address 116 Tices Lane, Unit B - 1 City, State, Zip Code East Brunswick, NJ 08816		County (6) Passaic		County Code (7) (STATE USE ONLY)	
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 732-390-5858		
Scheduled Start Date (10) <u>1</u> / <u>2</u> / <u>2</u> / <u>9</u> / <u>1</u> / <u>8</u> Month / Day / Year			Sched. Completion Date (11) <u>1</u> / <u>2</u> / <u>3</u> / <u>1</u> / <u>1</u> / <u>8</u> 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 type="checkbox"/> Other - Describe:					
Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807 Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013					

## Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E	E N C L O S U R E
Room 300 - The Future Stem Lab II	<input checked="" type="checkbox"/>	Glue Dots on 2 walls behind the chalk boards	30 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pan Argy, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 12/17/18

OK 2934 PAID

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

Print Form

DEC 20 2018

Date of Notification (1)  
12-5-2018

Name of Building Owner/Operator (2)  
Mondelez International Inc

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Street Address  
100 Deforest Avenue

City, State, Zip Code  
East Hanover, NJ 07936

Name of Contact  
Glenn Stock

Telephone Number  
732-331-5405

Name of Facility Where Abatement is Taking Place (3)  
Commercial

FACILITY INFORMATION

Street Address  
100 Deforest Avenue

City (5)  
East Hanover, NJ 07936

County (6)  
Morris

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet  
100000+

# of Floors  
3

Bldg. Age  
44+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)  
Green Environmental Services, LLC

Street Address

Street Address  
235 Virginia Avenue

City, State, Zip Code

City, State, Zip Code  
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
201-333-8855

License No.  
01174

Start Date (10)  
12-17-2018

Scheduled Completion Date (11)  
12-27-2018

Name of OSHA Monitor  
Green Environmental Services, LLC

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

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Scope of Work (Check All That Apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

- ☐ Renovation  
☒ Demolition

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

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

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement  
Type

Removal Repair Encapsulate Enclosure

Kitchen 3rd Floor

X

Duct Insulation

200 SF

x

Throughout 3rd Floor

X

VAT/ Mastic

3000 SF

x

Name of Registered Waste Hauler

Green Environmental Services,

NJDEP Waste  
Hauler ID No.  
0034889

Cubic Yards  
of Waste  
30

Name of Registered Landfill  
Fairless Landfill

City, State  
Jersey City, NJ

Disposal Date  
12-27-2018

City, State  
Norrisville, PA

Completed by  
Liliana Serrano

Title  
Office Manager

Signature

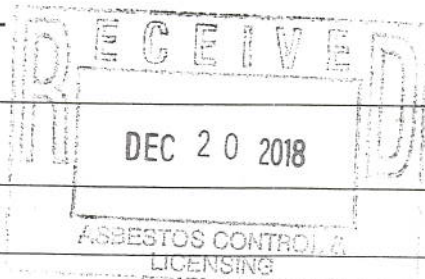
Date  
12-5-2018



Check #  
1016

PAID

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

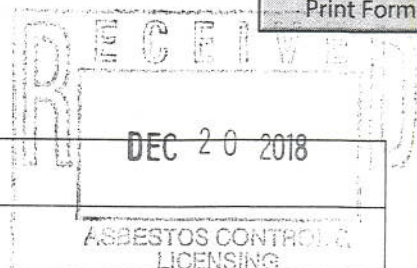


Date of Notification (1) 12 / 17 / 18		Name of Building Owner/Operator (2) Clara Maass Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Clara Maass Drive City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clara Maass 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 (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Clara Maass Drive									
City (5) Belleville		Square Feet 500,000	# of Floors 4						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 68 + yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.						
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-931-3293						
Start Date (10) 12 / 18 / 18		Scheduled Completion Date (11) 12 / 30 / 18	License No. 01365						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-4PM/ _____ PM-12AM		Name of OSHA Monitor Same as above							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 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
3 <sup>rd</sup> Fl. - Former Ladies Lounge and Locker room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input 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, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Newark, NJ		Disposal Date 12-30-18		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature 		Date 12-17-18			

CK 7493

PAID

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



Date of Notification (1) 12/17/18		Name of Building Owner/Operator (2) Ashley Management		DEC 20 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 411 Ashley Avenue City, State, Zip Code Lakewood, NJ 08701 Name of Contact Ashley Management Telephone Number 732-719-6336					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 64 Monterey Circle			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 64 Monterey Circle			Square Feet						
City (5) Lakewood			# of Floors						
County (6) Ocean			Bldg. Age						
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) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701					
City, State, Zip Code		Telephone No. 732-668-9078		License No. 1200					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Start Date (10) 12/27/18		Scheduled Completion Date (11) 01/01/19		Street Address 6 WHITE DOVE COURT					
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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
INTERIOR				PIPING	170LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 6		Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 01/01/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/17/18			



CK 5340

PAID

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

RECEIVED

DEC 20 2018

ASBESTOS CONTROL &amp; LICENSING

609-5925-6172

## FACILITY INFORMATION

Date of Notification (1) 12/13/18		Name of Building Owner/Operator (2) Pinehill Construction LLC	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	300 77th Street	Sea Isle City 08234
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Frank	Telephone Number
Street Address		Type of Facility (4)	
City (5) Sea Isle City		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Cape May	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		Street Address	
Project Manager for Monitoring Firm		City, State, Zip Code	
Telephone No.		Telephone No.	
Start Date (10) 12/22/18		License No. C1070	
Scheduled Completion Date (11) 1/22/19		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 type="checkbox"/> Other - Describe:		City, State, Zip Code	
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 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)
Outside	Yes No N/A	Siding	3200 SF
Name of Registered Waste Hauler AMM LLC		NJDEP Waste Hauler ID No. 20547	Name of Registered Landfill WM of PA
City, State Delanco NJ		Disposal Date 1.30	City, State Pittstown Pa
Completed by Joseph T Hall		Title K President	Signature [Signature]
		Date 12/13/18	



From: GREENWOOD ABATEMENT

10734920133

12/11/2018 08:40

4087 P.002/004

Check # 13373  
DEC 20 2018

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

GAC Project # 637-2018-002

Date of Notification (1) <b>December 13, 2018</b>		Name of Building Owner/Donor (2) <b>KEAN UNIVERSITY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including justification attached) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH 1000 MORRIS AVE UNION, NJ 07083</b>	
		Name of Contact <b>MS. SUZANNE KUPIC DIRECTOR OFFICE OF ENVIRONMENTAL HEALTH &amp; SAFETY</b>	Telephone Number <b>908-821-4600</b>
Name of Facility Where Abatement is Taking Place (3) <b>TOWNSEND HALL</b>			
Street Address <b>MAIN CAMPUS - 1000 MORRIS AVENUE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>~60 years</b>	
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC ADMIN OFFICES</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI ENVIRONMENTAL, INC.</b>		ARCM No. <b>00003</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>1283 NORTH CHURCH STREET</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>MOORESTOWN, NJ 08067</b>		City, State, Zip Code <b>BUTLER, NJ 07406</b>	
Project Manager for Monitoring Firm <b>MR. JIM GUILARDI</b>		Telephone Number <b>856-840-8800 ext. 31</b>	Telephone Number <b>973-492-0477</b>
Scheduled Start Date (10) <b>12/13/2018</b>	Scheduled Completion Date (11) <b>12/14/2018</b>	License Number <b>00240</b>	
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 <b>Other - Describe: 4PM - 12 MID (24 HRS. &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVROVISION, INC.</b>	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		Street Address <b>20-21 WARGARAW ROAD</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1st Floor Staff Women's Restroom</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscell.) <b>PIPE INSULATION</b>	Amount (Specify SF or LF) <b>5 LF</b>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Abatement Type Remove, Repair, Encase, Enclose <input checked="" type="checkbox"/> Remove
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07409 NJDEP # 12561		Cubic Yards of Waste: <b>51 Y</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Exposure Date <b>12/14/2018</b>	City, State <b>100 New Ford Mill Rd. Montville, Pa 19067</b> <b>216-735-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>December 13, 2018</b>

Copies To: KEAN, Attn: Ms. Suzanne Kupic & TTI, Attn: Mr. Jim Guilardi



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

check # 13373

GAC Project # 637-2018-002

Date of Notification (1) <b>December 13, 2018</b>		Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH 1000 MORRIS AVENUE</b>		City, State, Zip Code <b>UNION, NJ 07083</b>	
Name of Contact <b>MS. SUZANNE KUPIEC DIRECTOR OFFICE OF ENVIRONMENTAL HEALTH &amp; SAFETY</b>		Telephone Number <b>908-821-4000</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>TOWNSEND 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, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>~60 years</b>	
Street Address <b>MAIN CAMPUS - 1000 MORRIS AVENUE</b>		Current Use (prior if being demolished): <b>ACADEMIC ADMIN OFFICES</b>	
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI ENVIRONMENTAL, INC.</b>		ASCM No. <b>00003</b>	
Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>1253 NORTH CHURCH STREET</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>MOORESTOWN, NJ 08057</b>		Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Project Manager for Monitoring Firm <b>MR. JIM GUILARDI</b>		Telephone Number <b>856-840-8800 ext.31</b>	
Scheduled Start Date (10) <b>12/13/2018</b>		Scheduled Completion Date (11) <b>12/14/2018</b>	
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
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: <b>4PM - 12 MID (24 HRS. &amp; WEEKENDS AS NEEDED)</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1st Floor Staff Women's Restroom</b>	Is Location Normally Used Solely by Maint./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 miscell.) <b>PIPE INSULATION</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		Disposal Date <b>12/14/2018</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>
Date <b>December 13, 2018</b>			

Copies To: KEAN, Attn: Ms. Suzanne Kupiec &amp; TTI, Attn: Mr. Jim Guilardi



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) <b>12/14/2018</b>		Name of Building Owner/Operator (2) <b>Katie Stevens</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>West Orange, NJ,</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Katie Stevens</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Katie Stevens</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, homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City <b>West Orange</b>	County <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>12-15-18</b>		Sched. Completion Date (11) <b>12-17-18</b>		License Number <b>00371</b>	
Month    Day    Year		Month    Day    Year		Name of OSHA Monitor <b>N/A</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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Street Address	
				City, State, Zip Code	

## 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-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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			<b>X</b>	Pipe insulation	90LF	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>12-18-18</b>		City, State <b>Bronx, NY, 10474</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>Constantine Vivian</i>		Date <b>12/14/2018</b>



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) <b>12/14/2018</b>		Name of Building Owner/Operator (2) <b>Lennox Alves</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Lennox Alves</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Lennox Alves</b>			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 <b>Montclair</b>	County <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	
Sched. Start Date (10) <b>12-23-18</b>		Sched. Completion Date (11) <b>12-25-18</b>		License Number <b>00371</b>
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: «OffHours Descript»				
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				
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-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	ENCAPSULATION	ENCLOSURE
Basement			X	Duct insulation	65SF	X			
2floor			X	Duct insulation	10SF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste 1.5	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>12-19-18</b>	City, State <b>Bronx, NY, 10474</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>12/14/2018</b>		