

B &amp; G proj. #:

2019-03

PAID

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9053

Date of Notification (1)

1/21/2019

Name of Building Owner/Operator (2)

Township of Fairfield

Street Address

230 Fairfield Road

City, State, Zip Code

Fairfield, NJ 07004

Name of Contact

Joe Catenaro

Telephone Number

973-882-2700 x 2500

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Police Headquarters (non sub-chapter 8)

Street Address

230 Fairfield Road

City (5)

Fairfield

County (6)

Essex

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
police headquarters

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

Omega Environmental Services Inc.

ASCM No.

00120

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	em	nc	nc
ove	pa	ap	cl
<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"/>

Office room # 1

VAT &amp; mastic

1,200 sf

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

12

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

01/02/19 - 01/05/19

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/21/2018



B &amp; G proj. #: 2019-02

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

Check # 9050

PAID

Date of Notification (1)

1/2/18

Name of Building Owner/Operator (2)

Marylu Rodriguez

Street Address

City, State, Zip Code

Newark, NJ 07106

Name of Contact

Marylu Rodriguez

Telephone Number

INSING

DEC 27 2018

ASBESTOS CONTRACT

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Marylu Rodriguez

Street Address

City (5)  
Newark, NJ 07106

County (6)

Essex

County Code (7)  
(State use only)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
residentialName of Monitoring Firm Hired by Bldg. Owner (8)  
n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

01/02/2019

Sched. Completion Date (11)

01/03/2019

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☐ Other-Describe: \_\_\_\_\_

Scope of Work (check all that apply)

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

Location of  
asbestos-containing  
material to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)Amount  
(Specify SF or  
LF)

R	R	E	E
em	em	nc	nc
ove	ove	ap	ap
ve	ve	ir	ir
<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"/>

basement

pipe insulation

45 lf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1

Name of Registered Landfill

Grand Central Landfill

City, State  
Lincoln Park, NJ 07035Disposal Date  
01/03/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

Date  
12/21/2018



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



Date of Notification (1) 12/20/2018		Name of Building Owner/Operator (2) DOW Chemical Company	
Agencies Notified	Type Notification	Street Address 65 Baekeland Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Middlesex, NJ 08846	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ken Borroni	Telephone Number 267-249-0071

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DOW Chemical Bound Brook - Bldg 203		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 65 Baekeland Avenue		Square Feet 18000	# of Floors 2
City (5) Middlesex		Bldg. Age 35+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant	
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company
Street Address 140 S Village Ave, Suite 130		Street Address 2217 Spillman Drive	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm	Telephone No. 610-524-5525	Telephone No. 610-691-1800	License No. 00721
Start Date (10) 01/16/2019	Scheduled Completion Date (11) 01/28/19	Name of OSHA Monitor Brandenburg	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: DEMO - 01/29/2019-02/18/2019		Street Address 2217 Spillman Drive	
		City, State, Zip Code Bethlehem PA 18015	

## Scope of Work (Check All That Apply)

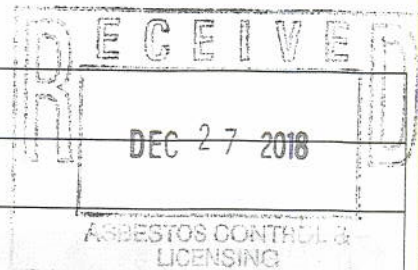
- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf
- ☒ Renovation  
☒ Demolition
- ☒ Full Containment with Negative  
☒ Pressure Mini-Enclosure  
☒ Glovebag  
☒ Non-Exempted (\*) and Non-Friable Procedure

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
B 203			X	Pipe Insulation	1225 LF	X			
B 203			X	Floor Tile/Mastic	3330 SF	X			
B 203			X	Roof/Flashing	18000 SF	X			
B 203			X	Transite	85 SF	X			
B 203			X	Caulk	950 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 200	Name of Registered Landfill GROWS North	
City, State Bethlehem, PA		Disposal Date 1/16/19-2/10/19		City, State Morrisville, PA	
Completed by Stephen Carne	Title Environmental Manager	Signature 		Date 12/20/2018	



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



Date of Notification (1) 12/7/2018		Name of Building Owner/Operator (2) JCM Investors 1012 LLC							
Agencies Notified	Type Notification	Street Address 449 E 18th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 359 Hamilton 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 buildings, homes, etc.)							
City (5) Paterson		Square Feet 24,000	# of Floors 2						
		Bldg. Age 75							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	License No. 01334						
Start Date (10) 12/10/2018	Scheduled Completion Date (11) 12/17/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
southeast first floor		X		pipe insulation	150 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management					
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 12/7/2018			



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

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DEC 27 2018

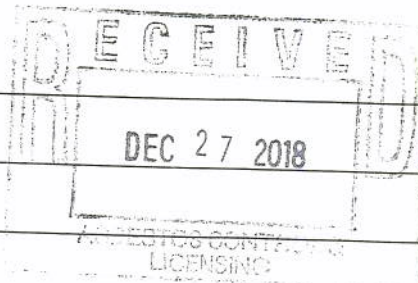
Date of Notification (1) 12/7/2018		Name of Building Owner/Operator (2) Wesley Spence		DEC 27 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Glen Ridge NJ Name of Contact Marko Stankovic, Project Manager Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Spence Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2012		
City (5) Glen Ridge			# of Floors 2		Bldg. Age 1941
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr		City, State, Zip Code Sparta NJ 07871	
City, State, Zip Code		Telephone No.		License No. 01334	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Checkmark Industrial	
Start Date (10) 12/8/2018		Scheduled Completion Date (11) 12/15/2018		Street Address 54 Morgan Dr	
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: _____		City, State, Zip Code Sparta NJ 07871		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
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		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)	
basement crawl space		X		Duct Insulation	
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 3	
City, State Wayne NJ		Disposal Date		Name of Registered Landfill Waste Management	
Completed by Corey Stankovic		Title CEO		Signature [Signature]	
				Date 12/7/2018	



CK251

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

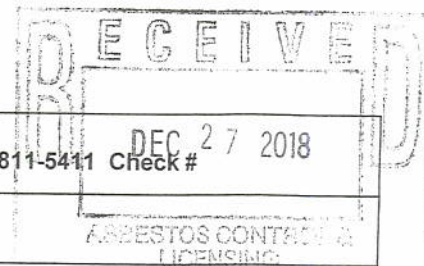


Date of Notification (1) 12/17/2018		Name of Building Owner/Operator (2) 100 Carroll St CV Bridge LLC							
Agencies Notified	Type Notification	Street Address 449 E 18th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 100 Carroll Street aka. 100 Albert M Tyler Place		<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) Paterson		Square Feet 2000	# of Floors 2						
County (6) Passaic		Bldg. Age 1950							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
Start Date (10) 12/18/2018		Scheduled Completion Date (11) 12/28/2018	License No. 01334						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Checkmark Industrial							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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		X		Siding	2,800 SF	X			
Front Porch		X		Roofing	300 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill Waste Management					
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 12/17/2018			



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

NOCK



Date of Notification (1) <u>12</u> / <u>17</u> / <u>18</u>		Name of Building Owner/Operator (2) Borough of Spring Lake Heights / Job #1811-5411		Check # DEC 27 2018				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>555 Brighton Avenue</b> City, State, Zip Code <b>Spring Lake Heights, NJ 07762</b>				
		Name of Contact <b>Bryan Keeshan</b>		Telephone Number <b>732-229-4064</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Spring Lake Heights Pump Station</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 and commercial buildings, homes, etc.)					
Street Address <b>420 Shore Road</b>			Square Feet					
City (5) <b>Spring Lake</b>			# of Floors		Bldg. Age			
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Pump Station</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>				
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>						
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>609-265-2107</b>				
Start Date (10) <u>12</u> / <u>3</u> / <u>18</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>18</u>		License No. <b>00529</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Name of OSHA Monitor <b>EMSL Analytical</b>					
			Street Address <b>200 Route 130 North</b>					
			City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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) <b>TO BE ABATED</b> 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) <b>700</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>25</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>		
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/31/18</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>12/17/18</b>		



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

**RECEIVED**

DEC 27 2018

ASBESTOS CONTACT & LICENSING

**10881 PAID**

Date of Notification (1) 12 / 21 / 18		Name of Building Owner/Operator (2) Stevens Institute of Technology/ Job #1812-5423 Check #10881	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Castle Point Terrace	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Stan Frankoski	Telephone Number 201-216-5000

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Stevens Institute of Technology- Alexander House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Castle Point Terrace		Square Feet	# of Floors
City (5) Hoboken		Bldg. Age	
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Technical School	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 1 / 7 / 19	Scheduled Completion Date (11) 2 / 15 / 19	Name of OSHA Monitor EMSL Analytical
-------------------------------	---	---

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 200 Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

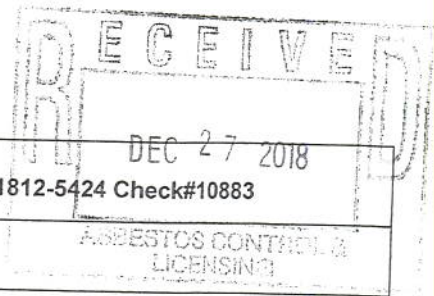
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos containing wall plaster/ceiling plaster	16,133 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 2/15/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 12-21-18



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



CK10883

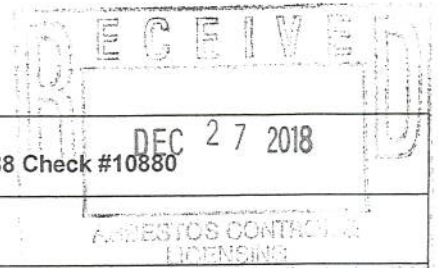
Date of Notification (1) 12 / 20 / 18		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1812-5424 Check#10883							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Kristen Bell	Telephone Number 732-937-8701						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		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 One Robert Wood Johnson Place									
City (5) New Brunswick		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 1 / 7 / 19	Scheduled Completion Date (11) 1 / 8 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
2 <sup>nd</sup> Floor Hallway Window	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 1/8/19	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 12-20-18			



CK 10880

PAID

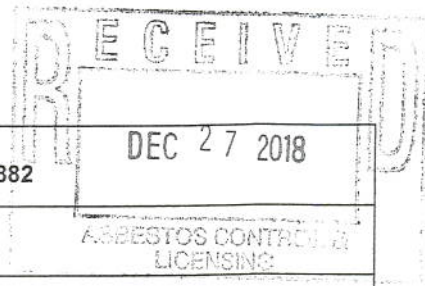
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 17 / 18			Name of Building Owner/Operator (2) PSE&G / Job # 1810-5388 Check #10880						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Christina Meerlo Telephone Number 908-756-7736					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G- North Brunswick Station Control House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 301 Victory Blvd.				Square Feet					
City (5) North Brunswick, NJ				# of Floors					
County (6) Middlesex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		License No. 00529					
Start Date (10) 10 / 11 / 18		Scheduled Completion Date (11) 12 / 21 / 18		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	612 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perimeter Roof Flashing	104 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Penetration Flashing	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler-ID No. 000692061		Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill				
City, State Flanders, NJ		Disposal Date 12/21/18		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 12/17/18		



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



OK 10882

**PAID**

Date of Notification (1) 12 / 18 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1812-5419 Check #10882	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ	
		Name of Contact Ken Carmelia	Telephone Number 609-410-0038

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PSE&G- Central Gas Plant		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 Blair Road & Markley Street		Square Feet	# of Floors
City (5) Woodbridge, NJ		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Gas Plant	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor	Telephone No.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 12 / 24 / 18	Scheduled Completion Date (11) 12 / 26 / 18	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coal Tar Wrap	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Environmental Transport Group		NJDEP Waste Hauler ID No. NJD0006920	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Flanders, NJ		Disposal Date 12/26/18	City, State Morrisville, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 12-18-18		



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

DEC 27 2018

CK 13380 PAID

Date of Notification (1) <b>December 21, 2018</b>		Name of Building Owner/Operator (2) <b>Ridgewood Water</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>131 North Maple Avenue</b> City, State, Zip Code <b>Ridgewood, NJ 07451</b> Name of Contact <b>Ralph Ruggiero</b> Telephone Number <b>201.670.3371</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Ridgewood Water</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>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>80 years</b> Current Use (prior if being demolished):	
Street Address <b>205 East Glen Avenue</b>	City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	
Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 24, 2018</b>	Scheduled Completion Date (11) <b>December 24, 2018</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor <b>EMSL inc.</b> Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Boiler Room</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI-Pipe and fitting Insulation</b>		Amount (Specify SF or LF) <b>8 lf</b>	Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>2</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Name of Registered Landfill <b>Meadowfill Landfill</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Disposal Date <b>December 24, 2018</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <b>Marin Graure</b>	Date <b>December 21, 2018</b>

GAC # 2018-668



From: GREENWOOD ABATEMENT

19734920133

12/21/2018 11:52

#090 P.002/004

## State of New Jersey - Notification of Asbestos Abatement

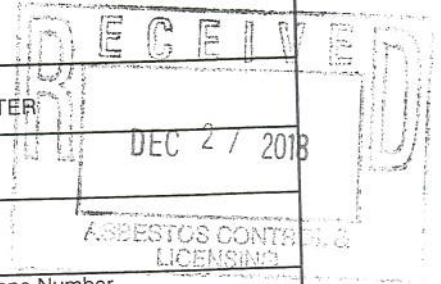
(Pursuant to N.J.A.C. 8:26-7 and 12:26-7)

<b>Date of Notification (1)</b> December 21, 2018		<b>Name of Building Owner/Owner's Agent (2)</b> Ridgewood Water	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 206 East Glen Avenue		<b>Street Address</b> 131 North Maple Avenue	
<b>City (6)</b> Ridgewood		<b>City, State, Zip Code</b> Ridgewood, NJ 07451	
<b>Country (8)</b> Bergen		<b>Name of Contact</b> Ralph Ruggiero	
<b>County Code (7) (State Use Only)</b>		<b>Telephone Number</b> 201-670-3371	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Ridgewood Water		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> 206 East Glen Avenue		<b>Sq. Feet: Unknown</b>	
<b>City (6)</b> Ridgewood		<b># of Floors: 2 Bldg. Age: 50 years</b>	
<b>Country (8)</b> Bergen		<b>Current Use (prior if being demolished):</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (5)</b> EnviroVision Consultants Inc.		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>Street Address</b> 20-21 Wagaraw Road, Bldg # 34A		<b>Street Address</b> 511 MAIN STREET	
<b>City, State, Zip Code</b> Fairtown, NJ 07410		<b>City, State, Zip Code</b> Butler, NJ 07406	
<b>Project Manager for Monitoring Firm</b> Fred Larson		<b>Telephone Number</b> 973-492-0477	
<b>Scheduled Start Date (10)</b> December 24, 2018		<b>Scheduled Completion Date (11)</b> December 24, 2018	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		<b>Name of OSHA Monitor</b> EMSL Inc.	
		<b>Street Address</b> 1056 Stelton Road	
		<b>City, State, Zip Code</b> Placataway, NJ 08564	
<b>Source of Work (Check all that apply)</b>			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> Boiler Room		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surface VAT, or other miscell.)</b> TSI-Pipe and fitting insulation	
<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA		<b>Amount (Specify SF or LP)</b> 6 ft	
<b>Name of Reg. Waste Hauler</b> See Hauler Below # 1 & 2		<b>Abatement Type</b> Removal Repair Encaps Enclose	
<b>NJDEP Waste Hauler ID #</b> See Below		<b>Amount</b> 6 ft	
<b>Cubic Yards of Waste:</b>		<b>Name of Registered Landfill</b> Meadowhill Landfill	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07406</b> NJ DEP # 12561		<b>Disposal Date</b> December 24, 2018	
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<b>City, State</b> Route 2, Box 55 Bridgeport, WVA 304-642-2764	
<b>Completed by (Print or Type)</b> Marin Graure		<b>Signature</b> Marin Graure	
<b>Title</b> SENIOR PROJECT MANAGER		<b>Date</b> December 21, 2018	

GAC # 2018-668



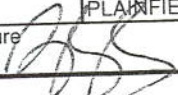
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)



NO CK

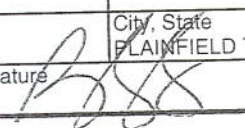
Date of Notification (1) 12 / 21 /18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact DONALD FARRELL	Telephone Number 551-996-3778

Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5	Bldg. Age 80	
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		ASCM No. 99		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 12 / 13 /18 Month Day Year		Sched. Completion Date (11) 5 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 4PM-12AM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure				City, State, Zip Code WAPPINGER FALLS, NY 12590	

X	>160 SF OR 260 LF	Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos- Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
			Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
		3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X				
		ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X				
		ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X				
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.			NJDEP Waste Hauler ID No.			Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NEW JERSEY 07105						Disposal Date 12/13-5/30/19	City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS			Signature 	Date 12-21-18					



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

<b>Date of Notification (1)</b> 12 / 12 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
		<b>Street Address</b> 30 PROSPECT AVENUE	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601
	<b>Name of Contact</b> DONALD FARRELL		<b>Telephone Number</b> 551-996-3778
	<b>FACILITY INFORMATION</b>		
	<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
<b>Street Address</b> 30 PROSPECT AVENUE		<b>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>City (5)</b> HACKENSACK		<b>County (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>ASCM No.</b> 99	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 300 KIMBALL DRIVE		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 973-560-4983	<b>Telephone Number</b> 845-369-7500
<b>Expected State Date (10)</b> 12 / 13 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19	<b>License Number</b> 1101
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 8AM-4PM		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo, <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>	<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount (Specify SF or LF)		
3RD FLOOR MAIN BUILDING		X	VAT & MASTIC
ST. JOHNS BUILDING BASEMENT		X	VAT & MASTIC
ST. JOHNS BUILDING BASEMENT		X	GLUE & CEILING TILE
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.		<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 80
<b>City, State</b> NEWARK, NEW JERSEY 07105		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
		<b>Disposal Date</b> 12/13-5/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
		<b>Date</b> 12-12-18	



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

<b>Date of Notification (1)</b> 11 / 21 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 30 PROSPECT AVENUE  <b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> DONALD FARRELL  <b>Telephone Number</b> 551-996-3778	

DEC 27 2018

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  HACKENSACK UNIVERSITY MEDICAL CENTER		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 30 PROSPECT AVENUE		<b>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>City (5)</b> HACKENSACK		<b>Bldg. Age</b> 80	
<b>County (6)</b> BERGEN		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>ASCM No.</b> 99	
<b>Street Address</b> 300 KIMBALL DRIVE		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 973-560-4983		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 26 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 5 / 30 /19 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

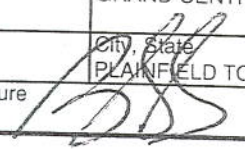
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		<b>NJDEP Waste Hauler ID No.</b>  	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/21/18	



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

**RECEIVED**  
**DEC 27 2018**  
ASBESTOS CONTACT  
LICENSING

<b>Date of Notification (1)</b> 11 / 15 /18			<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Street Address</b> 30 PROSPECT AVENUE		
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601		
			<b>Name of Contact</b> DONALD FARRELL		<b>Telephone Number</b> 551-996-3778
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 30 PROSPECT AVENUE				<b>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>City (5)</b> HACKENSACK				<b>Bldg. Age</b> 80	
<b>County (6)</b> BERGEN		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 300 KIMBALL DRIVE				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 973-560-4983		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 26 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 5 / 30 /19 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm				<b>Street Address</b> 1376 ROUTE 9	
				<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590	
<b>Scope of Work (Check all that apply)</b>					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	
3RD FLOOR MAIN BUILDING		X		VAT & MASTIC	
ST. JOHNS BUILDING BASEMENT		X		VAT & MASTIC	
ST. JOHNS BUILDING BASEMENT		X		GLUE & CEILING TILE	
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		<b>NJDEP Waste Hauler ID No.</b>		<b>Cubic Yards of Waste</b> 80	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL	
		<b>Signature</b> 		<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
				<b>Date</b> 11/15/18	



PAID

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

Check

# 10583

Date of Notification (1) <b>12-24-18</b>		Name of Building Owner/Operator (2) <b>Richard Barker</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	DEC 27 2018						
City, State, Zip Code <b>Somerville NJ 08876</b>		Name of Contact <b>Richard Barker</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</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]									
City (5) <b>Somerville NJ 08876</b>	Square Feet	# of Floors <b>2</b>	Bldg. Age <b>100+</b>						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>							
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc.</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>							
Start Date (10) <b>Jan 3, 2019</b>		License No. <b>00394</b>							
Scheduled Completion Date (11) <b>Jan 4 2019</b>		Name of OSHA Monitor <b>EPC Technologies Inc.</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 <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement/crawl space</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>150 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>Waste Management of PA</b>			
City, State <b>New Egypt NJ</b>		Disposal Date <b>1-7-19</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>12-24-18</b>			



NOCK

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

RECEIVED  
DEC 27 2018  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 12 / 21 / 18		Name of Building Owner/Operator (2) PRUDENTIAL INSURANCE CO.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 213 WASHINGTON STREET	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code NEWARK, NEW JERSEY 07102	
		Name of Contact WILLIAM BARRETT	Telephone Number 973-802-2175

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 213 WASHINGTON STREET		Square Feet 750,000	# of Floors 22
City (5) NEWARK		County (6) ESSEX	Bldg. Age 78
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 28 NORTH PENNELL ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JASON MCCAULEY		Telephone Number 610-891-0114	Telephone Number 845-369-7500
Expected State Date (10) 12 / 06 / 18		Sched. Completion Date (11) 12 / 21 / 18	License Number 1101
Month Day Year		Month Day Year	Name of OSHA Monitor QUALITY
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-4 AM SATURDAY & SUNDAY 7AM-4 PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1 B FLOOR MILITARY PARK AREA			X	VAT & MASTIC	1,500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 12/06-03/30/19	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 12/21/18				



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

<b>Date of Notification (1)</b> 12 / 11 / 18			<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL INSURANCE CO.		
<b>Agencies Notified</b>			<b>Street Address</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			213 WASHINGTON STREET		
<b>Type Notification</b>			<b>City, State, Zip Code</b>		
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION			NEWARK, NEW JERSEY 07102		
			<b>Name of Contact</b>		<b>Telephone Number</b>
			WILLIAM BARRETT		973-802-2175

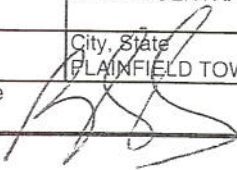
  

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b>				<b>Type of Facility (4)</b>	
PRUDENTIAL				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b>				<b>Square Feet</b>	<b># of Floors</b>
213 WASHINGTON STREET				750,000	22
<b>City (5)</b>				<b>Bldg. Age</b>	
NEWARK					78
<b>County (6)</b>		<b>County Code (7)</b>		<b>Current Use (Prior if being demolished) Pharm. Lab.</b>	
ESSEX		(STATE USE ONLY)		COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b>				<b>Name of Abatement Contractor (9)</b>	
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC				PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b>				<b>Street Address</b>	
28 NORTH PENNELL ROAD				313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b>				<b>City, State, Zip Code</b>	
MEDIA, PA 19063				SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b>			<b>Telephone Number</b>		<b>License Number</b>
JASON MCCAULEY			610-891-0114		845-369-7500
<b>Expected State Date (10)</b>			<b>Sched. Completion Date (11)</b>		
12 / 06 / 18			3 / 30 / 19		
<b>Occupancy Status During Abatement (Check only one)</b>			<b>Name of OSHA Monitor</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-4 AM SATURDAY & SUNDAY 7AM-4 PM			QUALITY		
<b>Scope of Work (Check all that apply)</b>			<b>Street Address</b>		
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			1376 ROUTE 9		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			<b>City, State, Zip Code</b>		
			WAPPINGERS FALLS, NEW YORK 12590		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			ENCLOSURE
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	
1 B FLOOR MILITARY PARK AREA			X	VAT & MASTIC	1,500 SF	x			

<b>Name of Registered Waste Hauler</b>		<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b>	<b>Name of Registered Landfill</b>	
NEWARK CARTING		913	30	GRAND CENTRAL SANITARY	
<b>City, State</b>		<b>Disposal Date</b>		<b>City, State</b>	
NEWARK, NEW JERSEY		12/06-03/30/19		PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b>		<b>Title</b>	<b>Signature</b>	<b>Date</b>	
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS		12/11/18	



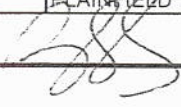
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 12 / 5 /18			<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL INSURANCE CO.		
<b>Agencies Notified</b>			<b>Street Address</b> 213 WASHINGTON STREET		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION		
			<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102		
			<b>Name of Contact</b> WILLIAM BARRETT		<b>Telephone Number</b> 973-802-2175

RECEIVED  
DEC 27 2018  
ASBESTOS DIVISION

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 213 WASHINGTON STREET				<b>Square Feet</b> 750,000	<b># of Floors</b> 22
<b>City (5)</b> NEWARK				<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC				<b>ASCM No.</b>	
<b>Street Address</b> 28 NORTH PENNELL ROAD				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> NEWARK, NJ 07102				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> JASON MCCAULEY				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 610-891-0114				<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 12 / 06 / 18		<b>Sched. Completion Date (11)</b> 3 / 30 / 19		<b>Name of OSHA Monitor</b> QUALITY	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-4 AM SATURDAY & SUNDAY 7AM-4 PM					
<b>Scope of Work (Check all that apply)</b>					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Remarks
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	
18TH FLOOR MILITARY PARK AREA			X	VAT & MASTIC	1,500 SF	x			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 30	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY
<b>City, State</b> NEWARK, NEW JERSEY	<b>Disposal Date</b> 12/06-03/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 12-5-18



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


RECEIVED  
DEC 27 2018

NO CK

Date of Notification (1) 12 / 21 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<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 Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact PATRICIA JOHNSON	
		Telephone Number 732-594-7746	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, e.c.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 ADD				Square Feet 8,900	# of Floors 1	Bldg. Age 39
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 12 / 5 /18		Sched. Completion Date (11) 12 / 21 /18		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo, <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF PERIMETER & PENETRATIONS			X	ROOFING TAR	935 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 15	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY				Disposal Date 10/2018-05/30/2019	City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS	Signature 	Date 12/21/18				



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

**RECEIVED**  
DEC 27 2018  
ASBESTOS CONTROL  
DIVISION

Date of Notification (1)

12 / 4 / 18

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 ADD

Square Feet

8,900

# of Floors

1

Bldg. Age

39

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 5 / 18

Sched. Completion Date (11)

5 / 30 / 19

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

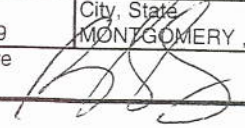
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
ROOF PERIMETER & PENETRATIONS			X	ROOFING TAR	935 SF	X		
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.			Cubic Yards of Waste	Name of Registered Landfill			
FREEHOLD CARTAGE, INC.	15939			15	LYCOMING COUNTY RESOURCE MANAGEMENT			
825 HIGHWAY 33					447 ALEXANDER DRIVE/ROUTE 15			
City, State				Disposal Date	City, State			
FREEHOLD, NEW JERSEY				10/2018-05/30/2019	MONTGOMERY, PA 17752			
Completed by (Print or Type)	Title			Signature		Date		
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS					12/7/18		



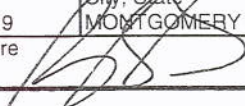
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 10 / 29 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1	<b>City, State, Zip Code</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	RAHWAY, NEW JERSEY 07065	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold	<b>Name of Contact</b>	
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION	PATRICIA JOHNSON	
		<b>Telephone Number</b> 732-594-7746	

FACILITY INFORMATION

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b>		
			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 ADD			<b>Square Feet</b> 8,900	<b># of Floors</b> 1	<b>Bldg. Age</b> 39
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 10 / 29 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 5 / 30 /19 Month Day Year		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b>			<b>Street Address</b> 117 EAST 30TH STREET		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016		
<b>Scope of Work (Check all that apply)</b>			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition			<input type="checkbox"/> Mini Enclo ,		
<input type="checkbox"/> >3SF OR LF			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
ROOF PERIMETER & PENETRATIONS			X	ROOFING TAR	935 SF	X		

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 15	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 10/2018-05/30/2019	<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/29/18



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

32508

Date of Notification (1)

8 / 16 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

DEC 2, 2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet  
8,900

# of Floors  
1

Bldg. #  
39

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 ADD

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILITY

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 29 /18  
Month Day Year

Sched. Completion Date (11)

5 / 30 /19  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #1140

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

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

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

Is Location normally used solely by Maint/Custodial Staff (12)  
Yes No N/A

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

Amount (Specify SF or LF)

Abatement type  
REMOVAL REPAIR ENCAPSULATION ENCLOSURE

ROOF PERIMETER & PENETRATIONS

☒

ROOFING TAR

935 SF

X

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

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
15

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

City, State

MONTGOMERY, PA 17752

Disposal Date

10/2018-05/30/2019

Signature

Date

10/16/18



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

DEC 27 2018

Date of Notification (1)

12 / 21 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification 4  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

Square Feet

39,400

# of Floors

2

Bldg. Age

54

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACIL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 12 /18  
Month Day Year

Sched. Completion Date (11)

12 / 21 / 18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#1146

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			Type
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	
1st Floor labs 108b,112b,112c,114a,124			<input checked="" type="checkbox"/>	Floor tile and Mastic	535sf	<input checked="" type="checkbox"/>			
1st Floor labs 108,112,114,120,124			<input checked="" type="checkbox"/>	Duct Mastic	36sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill		LYCOMING COUNTY RESOURCE MANAGEMENT SE		
825 HIGHWAY 33					447 ALEXANDER DRIVE/ROUTE 15				
City, State				Disposal Date	City, State				
FREEHOLD, NEW JERSEY				12/12.18-03/30/19	MONTGOMERY, PA 17752				
Completed by (Print or Type)		Title		Signature	Date				
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS			12/21/18				



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

<b>Date of Notification (1)</b> <div style="display: flex; justify-content: space-around;"> <span>12 /</span> <span>11 /18</span> </div>		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> EPA                     <input type="checkbox"/> DEP                     <input checked="" type="checkbox"/> DOL                     <input checked="" type="checkbox"/> DOH                     <input type="checkbox"/> DCA                 </div>		<b>Type Notification</b> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Initial Notification                     <input checked="" type="checkbox"/> Amended Notification     3                     <input type="checkbox"/> Cancellation                     <input type="checkbox"/> On Hold                     <input type="checkbox"/> EMERGENCY NOTIFICATION                 </div>	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	

**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b>  MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M			<b>Square Feet</b> 39,400	<b># of Floors</b> 2	<b>Bldg. Age</b> 54
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACIL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> <div style="display: flex; justify-content: space-between;"> <span>12 /</span> <span>12 /18</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		<b>Sched. Completion Date (11)</b> <div style="display: flex; justify-content: space-between;"> <span>3 /</span> <span>30 /</span> <span>19</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC     #1148	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe:     MONDAY -FRIDAY 7AM-3:30 PM			<b>Street Address</b> 117 EAST 30TH STREET		
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Demolition                     <input type="checkbox"/> &gt;3SF OR LF                     <input checked="" type="checkbox"/> &gt;160 SF OR     260 LF                 </div> <div style="display: flex; flex-direction: column;"> <input checked="" type="checkbox"/> Renovation                 </div>			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION
1st Floor labs 108b,112b,112c,114a,124			X	Floor tile and Mastic	535sf	X		
1st Floor labs 108,112,114,120,124			x	Duct Mastic	36sf	X		

<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Disposal Date</b> 12/12.18-03/30/19		<b>Signature</b> <div style="text-align: center;"> </div>	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	
<b>Date</b> 12/11/18		<b>Date</b> 12/11/18	



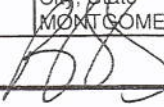
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED  
DEC 27 2 18

<b>Date of Notification (1)</b> 11 / 7 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification 2	<b>Name of Contact</b> PATRICIA JOHNSON	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	<b>Telephone Number</b> 732-594-7746	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M		<b>Square Feet</b> 39,400	<b># of Floors</b> 2
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 8 /18		<b>Sched. Completion Date (11)</b> 12 / 31 /18	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #1148	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			Type
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	
1st Floor labs 108b,112b,112c,114a,124			X	Floor tile and Mastic	535sf	X			
1st Floor labs 108,112,114,120,124			x	Duct Mastic	36sf	X			

<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/7/18



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

<b>Date of Notification (1)</b> 10 / 29 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-7746

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M		<b>Square Feet</b> 39,400	<b># of Floors</b> 2
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Bldg. Ag</b> 54
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACI
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500
		<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 8 /18		<b>Sched. Completion Date (11)</b> 12 / 31 18	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #114E	
		<b>Street Address</b> 117 EAST 30TH STREET	
		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	

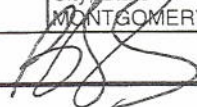
  

<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input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

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
1st Floor labs 108b,112b,112c,114a,124			<input checked="" type="checkbox"/>	Floor tile and Mastic	535sf	<input checked="" type="checkbox"/>		
1st Floor labs 108,112,114,120,124			<input checked="" type="checkbox"/>	Duct Mastic	36sf	<input checked="" type="checkbox"/>		

<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEM 447 ALEXANDER DRIVE/ROUTE 15
<b>Disposal Date</b> 11/7/18-12/31/18		<b>City, State</b> MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/29/18



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

<b>Date of Notification (1)</b> 10 / 23 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414  <b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> PATRICIA JOHNSON	
		<b>Telephone Number</b> 732-594-7746	

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, tc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M		<b>Square Feet</b> 39,400	<b># of Floors</b> 2
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	
<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACI	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	
<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Telephone Number</b> 845-369-7500	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 6 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 12 / 31 18 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #1148	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			/pe
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	
1st Floor labs 108b,112b,112c,114a,124			<input checked="" type="checkbox"/>	Floor tile and Mastic	535sf	<input checked="" type="checkbox"/>			ENCLOSURE
1st Floor labs 108,112,114,120,124			<input checked="" type="checkbox"/>	Duct Mastic	36sf	<input checked="" type="checkbox"/>			

<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEM 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	<b>Disposal Date</b> 11/7/18-12/31/18
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 
				<b>Date</b> 10/23/18



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

Check # 1051

NOCK

Date of Notification (1) <b>Dec 23, 2018</b>		Name of Building Owner/Operator (2) <b>OLPH - St Agnes Church</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial #2 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>103 Center Street</b> City, State, Zip Code <b>Atlantic Highland, NJ 07076</b>					
		Name of Contact <b>Sue Kiley</b>	Telephone Number <b>732-291-027</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>St Agnes Church (Convent House)</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 building, homes, etc.)					
Street Address <b>44 South Street</b>		Square Feet	# of Floors <b>3</b>				
City (5) <b>Atlantic Highlands NJ 07716</b>		Bldg Age <b>80+</b>					
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Convent House</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>				
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>					
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>					
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00314</b>				
Start Date (10) <b>10-22-18</b>		Scheduled Completion Date (11) <b>2-1-19</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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b>					
		Street Address <b>P.O. Box 337</b>					
		City, State, Zip Code <b>New Egypt NJ 08533</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 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 Process							
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)	Removal	Encapsulation	Enclosure
	Yes	No					
Basement, 1st + 2nd Floors		X	Floor Tiles 9x9	3500 SF	X		
Exterior Walls		X	Siding Shingles	6000 SF	X		
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>44</b>	Name of Registered Landfill <b>Waste Management PA</b>			
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Morrisville PA</b>			
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>12/21/18</b>		

Due to weather extending Completion Date



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

Check #

10514

Date of Notification (1) <b>Nov 16, 2018</b>		Name of Building Owner/Operator (2) <b>OLPH - St Agnes Church</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # <b>1</b> <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>103 Center Street</b>
			City, State, Zip Code <b>Atlantic Highlands NJ 07716</b>
			Name of Contact <b>Sue Kiley</b>
		Telephone Number <b>732-291-0271 ext 115</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>St Agnes Church (Convent House)</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 <b>44 South Street</b>		Square Feet <b>3</b>	
City (5) <b>Atlantic Highlands NJ 07716</b>		# of Floors <b>3</b>	
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Convent House</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		License No. <b>00374</b>	
Start Date (10) <b>Oct 22, 2018</b>		Scheduled Completion Date (11) <b>Dec 23, 2018</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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies Inc</b>	
		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Removal Encapsulate Enclosure
Basement, 1 <sup>st</sup> + 2 <sup>nd</sup> Floors exterior walls	X X	Floor Tiles 9"x9" Siding Shingles	3500 SF 6000 SF
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Name of Registered Landfill <b>Waste Management of PA</b>
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>	City, State <b>Morrisville PA</b>
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>
		Date <b>11-11-18</b>	



10-22-18

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

Check # 11514

Date of Notification (1) <b>Oct 4 2018</b>		Name of Building Owner/Operator (2) <b>OLPH - St Agnes Church</b>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>103 Center Street</b> City, State, Zip Code <b>Atlantic Highlands NJ 07716</b> Name of Contact <b>Sue Kiley</b> Telephone Number <b>732-291-0272</b>			
Name of Facility Where Abatement is Taking Place (3) <b>St Agnes Church Convent House</b> Street Address <b>44 South Street</b> City (5) <b>Atlantic Highlands NJ 07716</b> County (6) <b>Monmouth</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.) Square Feet <b>3</b> # of Floors <b>3</b> Current Use (Prior if being demolished) <b>Convent House</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt, NJ 08533</b>		ASCM No. <b>N/A</b> Name of Abatement Contractor (9) <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>			
Project Manager for Monitoring Firm <b>Steve Schenker</b> Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b> License No. <b>000194</b>			
Start Date (10) <b>Oct 22, 2018</b>		Scheduled Completion Date (11) <b>Nov 20, 2018</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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
Basement, 1st & 2nd Floor		X	Floor Tiles	3500 SF	X
Exterior Walls		X	Siding Shingles	6000 SF	X
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>44</b>	Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>10/4/18</b>	



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

CK # 02 7812

Date of Notification (1) 12/21/18		Name of Building Owner/Operator (2) Gabrellian Associates							
Agencies Notified	Type Notification	Street Address 95 Route 17							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Mr. Rich Palmadesso	Telephone Number 201-248-0210						
<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) Franklin Lakes		Square Feet 2,000 +	# of Floors 2						
County (6) Bergen		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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-628-9200						
			License No. 00408						
Start Date (10) 12/31/18	Scheduled Completion Date (11) 01/06/19	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<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)	Removal	Abatement Type		
	Yes	No	N/A				Repair	Encapsulate	Enclosure
Kitchen			X	Floor Tile	120 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature	Date 12/21/18					



**PAID**

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

Check 18411

**RECEIVED**

DEC 27 2018

Date of Notification (1) 12/21/18		Name of Building Owner/Operator (2) Titanium Contracting LLC	
Agencies Notified	Type Notification	Street Address 1331 Stuyvesant Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083	
		Name of Contact Anthony Marrero	Telephone Number 908-624-0044
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4)	
Street Address 2003 Morris 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 building etc.)	
City (5) Union		Square Feet 10,000	# of Floors 2
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg Age 70
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) building	
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood NJ 07418	
Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 12/31/18	Scheduled Completion Date (11) 3/31/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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)
	Yes	No	
See Attached			See Attached
			Attached
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ		Cubic Yards of Waste TBD	City, State Pen Argyl, PA
Disposal Date TBD		City, State Pen Argyl, PA	
Completed by A. Scott Higgins	Title President	Signature	Date 12/21/18



RECEIVED  
JUL 27 2011

Location	Material	Quantities	
1st Floor Ceiling in Bank Lobby Area	White/Grey Skim Coat	NOT INCLUDED: 850 SF	
1st Floor above Drop Down Ceiling by Red Mural	Black Tar Waterproofing	NOT INCLUDED: 850 SF	
1st Floor North East Corner of 30 Sq.ft Lobby Ceiling	Gray/ Brown/White Skim Coat	NOT INCLUDED: 850 SF	
Basement Boiler	White/Gray Insulation	100 SF Plus additional 75 SF on Boiler Tank Exhaust	
Basement in Boiler Room	White/Gray Mudded Pipe Elbow Insulation	100 Elbows additional 33 elbows in basement storage room. The basement shows 67 visible elbows with an additional 25 elbows in connecting tunnel with 3.	
Basement Boiler Room	Gray Wrapping	175 LN*	
Basement A/C Unit	Black Insulation	5 SF	
Basement A/C Unit in Boiler Room	Gray/White Gasket	36 SF	
Basement in Boiler Room	Black/Brown/Off White/ Yellow HVAC Duct Insulation	380 SF*	
Basement Storage Room	Gray/Off White Pipe Insulation	65 LN*	
Basement Hallway Bottom Layer	Red Vinyl Floor Tile	2,015 SF	
Basement Storage Room with Underground Tunnel Top Layer	Brown Linoleum	120 SF	
Basement Lunch Room under White Tile	Brown Linoleum	700 SF	
1st Floor Security Room	9x9 Brown Vinyl Floor Tile/Black Mastic	40 SF	
1st Floor Rear Vault under Carpet	9x9 Brown/Gray Vinyl Floor Tile	100 SF Additional 700 SF outside of rear vault under the carpet, 100 SF connecting small office, 420 SF rear money counting private rooms under carpet, 350 SF under carpet of main lobby – teller area.	



1st Floor Office next to Basement Stairs	9x9 Dark Brown Vinyl Floor Tile	120 SF
1st Floor under Carpet in Main Vault	Black Mastic	300 SF





Check#3230

**PAID**

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

DEC 27 2018

Date of Notification (1) 12 / 21 / 18		Name of Building Owner/Operator (2) Jose Acevedo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Chatham, NJ 07928	
Name of Contact Jose Acevedo		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Chatham, NJ 07928		# of Floors	
County (6) Morris		Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 12 / 30 / 18		License No. 01127	
Scheduled Completion Date (11) 01 / 05 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Fair Lawn, NJ 07410			
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	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Exterior siding		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
VAT floor tiles		400 SF	
Transite siding		1050 SF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		City, State Tullytown, PA	
Signature N.Jevtic		Date 12/21/18	

ASB-41

MAY 11

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



20 Dec 2018 04:05PM NJ Asbestos Control 609.633.0664

page 1

12/20/2018 01:51PM 2013297440

BEST REMOVAL : JC

PAGE 2/04

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

Date of Notification (1) <b>12/20/18</b>		Name of Building Owner/Operator (2) <b>MR. MICHAEL SEGALI</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>NEW JERSEY . NJ. 07110</b> Name of Contact <b>MR. SEGALI</b> Telephone Number	
Name of Facility Where Abatement is Taking Place (3) <b>MR. MICHAEL SEGALI</b>			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>NEW JERSEY</b>	County (6) <b>ESSEX</b>	County Code (7) <b>STATE USE ONLY</b>	Square Feet <b>2100</b> # of Floors <b>2</b> Bldg Age <b>1940</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Best Removal, Inc.</b>	
Street Address		Street Address <b>450 South River Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, New Jersey 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b> License No. <b>00388</b>	
Start Date (10) <b>12/27/18</b>		Scheduled Completion Date (11) <b>12/28/18</b>	
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: <b>8:00 AM to 5:00 PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
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"/> Glovebox Procedure <input type="checkbox"/> Non-Enclosed and Non-Flexible Procedure		Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>/</b>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT + MAST</b>	Amount (Specify SF or LF) <b>290 SF</b>
Name of Registered Waste Hauler <b>Best Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Hackensack, NJ 07601</b>		Cubic Yards of Waste <b>3 1/2 yd</b>	Disposal Date <b>12/28/18</b>
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>J. Maiorano</b> Date <b>12/20/18</b>

ASB-61 (R-06-08)

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



B &amp; G proj. #:

2019-04

**PAID**

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

Check # 9065

Date of Notification (1)

12/20/18

Name of Building Owner/Operator (2)

Wayne Brown

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Butler, NJ 07405

Name of Contact

Wayne Brown

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Wayne Brown

Street Address

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

City (5)

Butler

County (6)

Morris

County Code (7)

(State use only)

Current Use (Prior if being demolished)

residential

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

0037

Scheduled Start Date (10)

01/02/2018

Sched. Completion Date (11)

01/03/2018

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

back entrance-way

VAT &amp; mastic

150 SF

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

3

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

01/04/2018

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/20/2018

8



Check # 25755

**PAID**

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

Date of Notification (1) 12/26/2018		Name of Building Owner/Operator (2) Guernsey Hall Condo Association	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Princeton, NJ 08540	
Name of Contact Michael Glagola		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential / Condo		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, hotels, etc.)	
Street Address [REDACTED]		Square Feet 15000	# of Floors 3
City (5) Princeton, NJ 08540		Bldg. Age 100+	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		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. 609 259-9688	License No. 00493
Start Date (10) 1/4/2019	Scheduled Completion Date (11) 1/8/2019	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)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Method		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement		X		Thermal Pipe Insulation	20 lf	X			
Crawl Space	X			Thermal Pipe Insulation	18 lf	X			

Name of Registered Waste Hauler Stevens Environmental Services	NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ	Disposal Date 1/9/2018	City, State Morrisville, PA	Date 12/26/2018
Completed by Mahlon E. Stevens	Title Project Manager	Signature [Signature]	

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



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

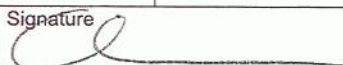
CIL 4900

Date of Notification (1) <b>12/21/18</b>		Name of Building Owner/Operator (2) <b>MR. HECTOR ARTAL</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>LYNDHURST. NJ. 07071</b> Name of Contact <b>MR. ARTAL</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. ARTAL</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 <b>1800</b>							
City (5) <b>LYNDHURST</b>		# of Floors <b>2</b>	Bldg. Age <b>18</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal, Inc.</b>							
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, New Jersey 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>1/2/19</b>	Scheduled Completion Date (11) <b>1/3/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
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: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
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) In Facility (13) <b>TO BE ABATED</b>	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) <b>25LF</b>	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
<b>BASEMENT</b>			<input checked="" type="checkbox"/>	<b>THERMAL SYSTEMS INSULATION</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>1/3/19</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>12/21/18</b>			



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

CK 7190

Date of Notification (1) 12/19/18		Name of Building Owner/Operator (2) Lynn Adinofi Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ventnor, NJ 08234	
		Name of Contact Eric	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Lynn Adinofi Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1
City (5) Ventnor, NJ 08234		Bldg. / ie 35+	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 12/20/18	Scheduled Completion Date (11) 12/21/18	Name of OSHA Monitor Same	
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"/> $\geq 3$ 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) <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)
	Yes	No	
Exterior Siding			x
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State West Berlin NJ		Name of Registered Landfill ACUA	
		Disposal Date TBD	City, State Egg Harbor Twp NJ 08234
Completed by Anthony T Perna	Title President	Signature 	Date 12/19/18



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

CK2957 PAID

RECEIVED

DEC 27 2018

Date of Notification (1) 12-20-2018		Name of Building Owner / Operator (2) Norman Schanz	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="background-color: black; height: 15px; width: 100%;"></div>	
		City, State & Zip Code Haledon, NJ 07508	
		Name of Contact Linda Schanz	Telephone Number

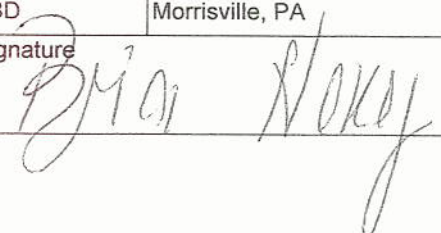
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home , etc.)		
Street Address			<div style="background-color: black; height: 15px; width: 100%;"></div>		
City (5) Haledon, NJ 07508	County (6) Passaic	County Code (7)	Square Feet 1300	# of Floors 2	Bldg. Age 96
			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279		License Number 01185
Scheduled Start Date (10) 1-15-2019		Scheduled Completion Date (11) 1-18-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am-4:30pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbo Joints	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 12/20/2018



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

OK 2950

PAID

DEC 27 2018

Date of Notification (1) 12-20-2018		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified	Type Notification	Street Address 1 College Drive	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Toms River, NJ 08754	
		Name of Contact Mike Bruno	Telephone Number 732-255-0400
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Ocean County College- #9		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, home, etc.)	
Street Address 1 College Drive Building #9		Square Feet 19,000	# of Floors 1
City (5) Toms River NJ	County (6) Ocean	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Nursing Building	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185
Scheduled Start Date (10) 1-7-2018	Scheduled Completion Date (11) 3-1-2019	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during regular operating Hours: Describe: 8:00am - 5:00pm -Monday through Sunday <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Material Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Throughout 1 <sup>st</sup> floor ceiling systems	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fitting Insulation	230 each
Throughout 1 <sup>st</sup> floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fitting Insulation	60 each
Throughout 1 <sup>st</sup> floor ceiling systems	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof drain Pipe Insulation	24 each
1 <sup>st</sup> Floor Kitchen area/Pizza room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile & Mastic	150 SF
1 <sup>st</sup> Floor Student Dining room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Ceiling Plaster	4,100 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>Brian Haney</i>	Date 12-20-2018



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

Date of Notification (1) <div style="text-align: center;">12 / 11 / 18</div>			Name of Building Owner/Operator (2) <b>Morristown High School</b>			DEC 27 2018							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-12/21/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>50 Early Street</b> City, State, Zip Code <b>Morristown, NJ 07960</b>			Name of Contact <b>N/A</b>						
						Telephone Number <b>973-292-2000</b>							
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) <b>Morristown High 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 and commercial buildings, homes, etc.)							
Street Address <b>50 Early Street</b>													
City (5) <b>Morristown</b>						Square Feet <b>+50,000</b>	# of Floors <b>+2</b>	Bldg. ge <b>+5</b>					
County (6) <b>Morris</b>			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>			ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>								
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 BEAVER STREET</b>										
City, State, Zip Code <b>Trenton, NJ 08608</b>			City, State, Zip Code <b>BRISTOL, PA 19007</b>										
Project Manager for Monitoring Firm <b>Dominick Dercole</b>			Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>		License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">12 / 21 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 30 / 18</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</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 Time of Abatement: <b>7:30AM-7:30PM</b> / ____ PM- ____ AM				Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>									
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) <b>TO BE ABATED</b> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) <b>1136 SF</b>		Abater		ent Type	
										Removal	Repair	Encapsulate	Enclosure
Basement TV/Radio Studios			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			Floortile & ACM Mastic		1136 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 <b>SERVICE TRANSPORT GROUP, INC.</b>			NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>						
City, State <b>YARDLEY, PA</b>			Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>								
Completed By (Print or Type) <b>Dillan DeCaro</b>			Title <b>Estimator</b>		Signature <i>Dillan DeCaro / jhl</i>			Date <b>12/21/18</b>					



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

*chk # 3183*

Date of Notification (1) <b>12 / 11 / 18</b>			Name of Building Owner/Operator (2) <b>Morristown High School</b>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>4725</i> <input checked="" type="checkbox"/> DOH <i>4718</i> <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>50 Early Street</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>N/A</b>				
				Telephone Number <b>973-292-2000</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Morristown High 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 and commercial buildings, homes, etc.)					
Street Address <b>50 Early Street</b>			Square Feet <b>+50,000</b>					
City (5) <b>Morristown</b>			# of Floors <b>+2</b>		Bldg. A <b>+50</b>			
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>				
Street Address <b>120 North Warren Street</b>				Street Address <b>1123 BEAVER STREET</b>				
City, State, Zip Code <b>Trenton, NJ 08608</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>				
Project Manager for Monitoring Firm <b>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>				
				License No. <b>00509</b>				
Start Date (10) <b>12 / 21 / 18</b>		Scheduled Completion Date (11) <b>12 / 30 / 18</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</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 Time of Abatement: <b>7:30AM-3:30PM</b> / _____ PM - _____ AM <i>*</i>				Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>				
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) <b>TO BE ABATED IN Facility (13)</b>	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	
<b>Basement TV/Radio Studios</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floortile &amp; ACM Mastic</b>	<b>1136 SF</b>	<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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillian DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillian DeCaro / JK</i>		Date <b>12-11-18</b>		



PAID

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

LK 33682

## Date of Notification (1)

12 / 12 /18

## Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

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

## Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

## Street Address

30 PROSPECT AVENUE

## City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

## Name of Contact

DONALD FARRELL

## Telephone Number

551-996-3778

DEC 27 2018

ESTOS CONT  
LICENSING

## FACILITY INFORMATION

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

HACKENSACK UNIVERSITY MEDICAL CENTER

## Type of Facility (4)

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

## Street Address

30 PROSPECT AVENUE

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

## City (5)

HACKENSACK

## County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
HOSPITAL

## Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING &amp; ENVIRONMENTAL

## ASCM No.

99

## Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

## Street Address

300 KIMBALL DRIVE

## Street Address

313 SPOOK ROCK ROAD

## City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

## City, State, Zip Code

SUFFERN, NEW YORK 10901

## Project Manager for Monitoring Firm

VIJAY PATEL

## Telephone Number

973-560-4983

## Telephone Number

845-369-7500

## License Number

1101

## Expected State Date (10)

12 / 13 /18  
Month Day Year

## Sched. Completion Date (11)

5 / 30 /19  
Month Day Year

## Name of OSHA Monitor

QUALITY ENVIRONMENTAL

## Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 4 PM-12 AM  
SATURDAY 8AM-4PM

## Street Address

1376 ROUTE 9

## City, State, Zip Code

WAPPINGER FALLS, NY 12590

## Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X		
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X		
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X		

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste  
Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY 07105

Disposal Date  
12/13-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

12/13/18

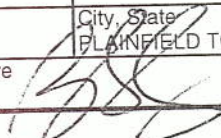


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 11 / 21 /18 <b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER <b>Street Address</b> 30 PROSPECT AVENUE <b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601 <b>Name of Contact</b> DONALD FARRELL <b>Telephone Number</b> 551-996-3778	
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DEC 27 2018

<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER <b>Street Address</b> 30 PROSPECT AVENUE <b>City (5)</b> HACKENSACK <b>County (6)</b> BERGEN <b>County Code (7) (STATE USE ONLY)</b> <b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL <b>Street Address</b> 300 KIMBALL DRIVE <b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054 <b>Project Manager for Monitoring Firm</b> VIJAY PATEL <b>Expected State Date (10)</b> 11 / 26 /18 Month Day Year <b>Sched. Completion Date (11)</b> 5 / 30 /19 Month Day Year <b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm <b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <b>Square Feet</b> 200,000 <b># of Floors</b> 5 <b>Bldg. Age</b> 80 <b>Current Use (Prior if being demolished)</b> HOSPITAL <b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION <b>Street Address</b> 313 SPOOK ROCK ROAD <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901 <b>Telephone Number</b> 845-369-7500 <b>License Number</b> 1101 <b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL <b>Street Address</b> 1376 ROUTE 9 <b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590		
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X		
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF *	X		
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 11/21/18			



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

<b>Date of Notification (1)</b> 11 / 15 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 30 PROSPECT AVENUE		<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
<b>Name of Contact</b> DONALD FARRELL		<b>Telephone Number</b> 551-996-3778	

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER			
<b>Street Address</b> 30 PROSPECT AVENUE		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>City (5)</b> HACKENSACK		<b>County Code (7) (STATE USE ONLY)</b> BERGEN	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>ASCM No.</b> 99	
<b>Street Address</b> 300 KIMBALL DRIVE		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 845-369-7500	
<b>Expected State Date (10)</b> 11 / 26 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<b>Telephone Number</b> 973-560-4983		<b>License Number</b> 1101	
<b>Street Address</b> 1376 ROUTE 9		<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590	

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 LF		<input type="checkbox"/> Mini-Enclo.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X		
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF *	X		
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X		

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		<b>NJDEP Waste Hauler ID No.</b>  <b>Cubic Yards of Waste</b> 80		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA	
<b>Disposal Date</b> 11/26-5/30/19		<b>Signature</b> 		<b>Date</b> 11/15/19	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS			



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

NOCK

Check # 1666

Date of Notification (1) December 20, 2018 <b>December 12, 2018</b>		Name of Building Owner / Operator (2) <b>Artis Senior Living</b>	
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	<b>ON HOLD</b>  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>1651 Old Meadow Road, Suite 100</b>  City, State & Zip Code <b>McLean, VA 22102</b>  Name of Contact <b>Dany Ramia</b>	
		Telephone Number	<b>571-376-200</b>


**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 (5) <b>Eatontown</b>	Square Feet <b>3,000</b>	# of Floors <b>1 + Basement</b>	Bldg. Age <b>6</b> years
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Residence</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		Telephone Number	
Telephone Number		License Number	
Scheduled Start Date (10) <b>To Be Determined</b>	Scheduled Completion Date (11) <b>February 24, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code	
		Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥ 3 lf               | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement		X		Floor Tile/Mastic	20 SF	X		
Basement		X		Pipe Wrap/Elbows	200 LF	X		

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>February 25, 2019</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>December 20, 2018</b>	



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

Check # 1666

Date of Notification (1) <b>December 12, 2018</b>		Name of Building Owner / Operator (2) <b>Artis Senior Living</b>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <b>1651 Old Meadow Road, Suite 100</b>  City, State & Zip Code <b>McLean, VA 22102</b>  Name of Contact <b>Dany Ramia</b>			
		Telephone Number <b>571-376-</b>	Number <b>200</b>		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</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 <b>3,000</b>	# of Floors <b>1 + Basement</b>		
City (5) <b>Eatontown</b>		Bldg. Age <b>6 years</b>			
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Residence</b>			
County Code (7) <b>USE ONLY</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Street Address		Street Address <b>829 Radio Road</b>			
City, State & Zip Code		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			
Project Manager for Monitoring Firm		Telephone Number <b>609-296-6916</b>	License Number <b>0081</b>		
Scheduled Start Date (10) <b>December 26, 2018</b>	Scheduled Completion Date (11) <b>January 24, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>  City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
Basement		X	Floor Tile/Mastic	20 SF	Removal X
Basement		X	Pipe Wrap/Elbows	200 LF	
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>January 25, 2019</b>	City, State <b>Morrisville, PA</b>		
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>December 12, 2018</b>		



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

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Date of Notification (1) <b>December 20, 2018</b>		Name of Building Owner / Operator (2) <b>Roselle Public Schools</b>		Check # <b>387</b>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <b>EMERGENCY</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <b>710 Locust Street</b>		DEC 27 2018
		City, State & Zip Code <b>Roselle, NJ 07203</b>		
		Name of Contact <b>Anthony Juskiewicz, Business Administrator</b>		Telephone Number <b>908-298 040</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Abraham Clark High 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>125 East 6<sup>th</sup> Avenue</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Roselle</b>		Bldg. Age <b>80</b>	
County (6) <b>Union</b>		Current Use (Prior if being demolished) <b>School</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Partner Engineering and Science, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>611 Industrial Way West</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Eatontown, NJ 07724</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Michelle Gomez</b>	Telephone Number <b>732-380-1700</b>	Telephone Number <b>609-296-6916</b>	License Number <b>0081</b>
Scheduled Start Date (10) <b>December 26, 2018</b>	Scheduled Completion Date (11) <b>December 27, 2018</b>	Name of OSHA Monitor <b>Synatech, Inc.</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>9 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>&lt;1</b>	Name of Registered Landfill <b>Fairless Hills Landfill</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 28, 2018</b>		City, State <b>Morrisville, PA</b>				
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>December 20, 2018</b>			



12/20/2018 14:47

(AX)

P.002/ 34

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

DEC 27 18

Check # 1057

Date of Notification (1) <b>December 20, 2018</b>		Name of Building Owner / Operator (2) <b>Roselle Public Schools</b>	
Agencies Notified	Type Notification <b>EMERGENCY</b>	Street Address <b>710 Locust Street</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Roselle, NJ 07203</b>	
		Name of Contact <b>Anthony Juszkiewicz, Business Administrator</b>	Telephone Number <b>609-288-2040</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Abraham Clark High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>125 East 5th Avenue</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Roselle</b>		Bldg. Age <b>80</b>	
County (6) <b>Union</b>	County Code (7) <b>USE ONLY</b>	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Partner Engineering and Science, Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>611 Industrial Way West</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Easton, NJ 07724</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08047</b>	
Project Manager for Monitoring Firm <b>Michelle Gomez</b>		Telephone Number <b>732-380-1700</b>	Telephone Number <b>609-286-8215</b>
Scheduled Start Date (10) <b>December 26, 2018</b>	Scheduled Completion Date (11) <b>December 27, 2018</b>	License Number <b>00817</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08047</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $> 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf		<input 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-Encapsulated (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAI or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Basement	X	Pipe Insulation	8 LF
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>&lt;1</b>
City, State <b>Little Egg Harbor, NJ 08047</b>		Disposal Date <b>December 28, 2018</b>	Name of Registered Landfill <b>Fairfax Hills Landfill</b>
Completed By <b>Diana Aloia</b>		Title <b>Exec. Administrator</b>	Signature <i>Diana Aloia</i>
		Date <b>December 20, 2018</b>	

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

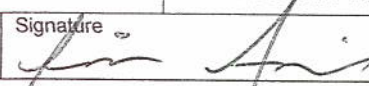


CK 0102

PAID

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

RECEIVE

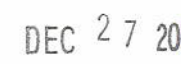
Date of Notification (1) 12/17/2018 CHECK #0102		Name of Building Owner/Operator (2) EDMUND YU		DEC 27 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <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 TEANECK NJ, 07666 Name of Contact EDMUND YU Telephone Number 	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED] City (5) TEANECK NJ, 07666 County (6) BERGEN			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 etc.) Square Feet 200X200 # of Floors 1 Bldg. / e 60 YIARS		
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACATIONS			
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ, 07407	
Project Manager for Monitoring Firm Telephone No. _____		Telephone No. 201 873-9418		License No. 01301	
Start Date (10) 01/07/2019		Scheduled Completion Date (11) 01/10/2019		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ, 07407	
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT BOILER ROOM		X		PIPE INSULATION 150 LF	
BASEMENT BOILER ROOM		X		BOILER INSULATION 100 SF	
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste TDB	
City, State PEN ARGYL		Disposal Date TDB		Name of Registered Landfill GRAND CENTRAL	
City, State PEN ARGYL PA, 18072					
Completed by LUIS ARCILA		Title PRESIDENT		Signature  Date 12/17/2018	



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

CK 9211

**PAID**

Date of Notification (1) <b>12/24/18</b>		Name of Building Owner/Operator (2) <b>Kean University</b>	
Agencies Notified	Type of Notification	Street Address	<div align="center">  </div>
<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 Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	1000 Morris Ave.	
		City, State, Zip Code <b>Union, NJ 07083</b>	
		Name of Contact <b>Suzanne Kupiec</b>	Telephone Number <b>973-737-5109</b>

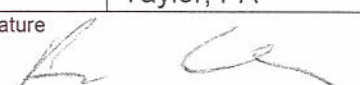
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kean University – Science</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>1000 Morris Ave.</b>			Square Feet <b>20000</b>	# of Floors <b>2</b>	Bldg Age <b>~60</b>
City (5) <b>Union</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>college</b>		
Name of Monitoring Firm Hired by Building Owner <b>TTI Environmental</b>		ASCM No. <b>0003</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc</b>		
Street Address <b>9 East Stow Road</b>			Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code <b>Marlton, NJ 08053</b>			City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-985-8800</b>	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>1/3/19</b>	Sched. Completion Date (11) <b>12/31/19</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address <b>2333 Route 22 West</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

**Scope of Work (Check all that apply)**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                |                                     | <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 – 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	R	E	E
Rooms C339, C340, C341		X		VAT, table tops, glue dabs, hood trinsite	1400 SF	x			
Various areas		x		VAT, glue dabs, TBD	2000 SF	X			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>10</b>	Name of Registered Landfill <b>Alliance Landfill</b>
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>1/17/19 +</b>	City, State <b>Taylor, PA</b>
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>12/24/18</b>

ASB-411

**Note:** Work at Rooms C339, C340, C341 should be completed by 1/14/19.



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

CK9210

PAID

CH# 210

Date of Notification (1) 12/24/18		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 595 Newark Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	Telephone Number 201-369-3420

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hudson County Admin. Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 595 Newark Avenue			Square Feet 250000	# of Floors 13	Bldg. ~ 50
City (5) Jersey City	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office building		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 1/11/19		Sched. Completion Date (11) 12/31/19	Name of OSHA Monitor J & S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and/or weekends</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

## 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"/> ≥3 sf or ≥3 lf                |  | <input checked="" type="checkbox"/> Mini – Enclosure                        |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input checked="" type="checkbox"/> Glovebag Procedure                      |
|  |  | <input checked="" type="checkbox"/> Non – Friable Procedure                 |

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by 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	N	E
Various areas		X		Plaster/spray-on ceiling	3000 SF	X	x		
Various areas		x		VAT	3000 SF	x			
Various areas		x		TSI	250 LF	x	x		

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 20 +	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 1/17/19 +		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 12/24/18

ASB-41

NOTE: This is a phased project. Minor and/or small areas of work will occur at various times of the year. First area is at 5<sup>th</sup> floor, 300SF of plaster – Sub 8 project, scheduled for 1/11/19 to 1/15/19.



PAID

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

Check # 491

Date of Notification (1) <b>12/21/18</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>301 Philadelphia Avenue</b> City, State & Zip Code <b>Egg Harbor City, New Jersey 08215</b> Name of Contact <b>Johnny De Los Santos</b>	
		Telephone Number <b>347-866-6714</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>VERIZON - EGG HARBOR CITY CENTRAL OFFICE</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 <b>301 Philadelphia Avenue</b>		Square Feet <b>20000</b>	# of Floors <b>3</b>
City (5) <b>Egg Harbor City</b>	County (6) <b>Atlantic</b>	Bldg. Address <b>301 Philadelphia Avenue</b>	
County Code (7)		Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>0056</b>
Scheduled Start Date (10) <b>1/8/19</b>	Scheduled Completion Date (11) <b>1/15/19</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
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 Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>	
		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
1st Floor - Near AC Unit 2-1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	VAT/Mastic	90 SF
1st Floor - Near AC Unit 2-2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	VAT/Mastic	203 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>ATLANTIC COUNTY UTILITY AUTHORITY</b>
City, State <b>BRISTOL, PA</b>	Disposal Date <b>TBD</b>	City, State <b>EGG HARBOR TWP, NJ</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>12/21/18</b>

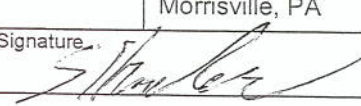


OK 124078

PAID

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

RECEIVED  
DEC 27 2018  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 12/17/18		Name of Building Owner/Operator (2) Port Authority of NY & NJ		DEC 27 2018	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		GWB ADMIN BLDG	
				City, State, Zip Code	
		Name of Contact		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) NJ side approach ramps to GW Bridge				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, etc.)	
City (5) Fort Lee				Square Feet	# of Floors
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) bridge access	
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No.		Name of Abatement Contractor (9) Pow/R/Save Inc.	
Street Address 241 Erie Street				Street Address 15 Somerset Place	
City, State, Zip Code Jersey City, NJ 07310				City, State, Zip Code ~Clifton, NJ 07012	
Project Manager for Monitoring Firm Mr. Uday Mehta		Telephone No. (201) 595-4881		Telephone No. (973) 470-0200	License No. 0357
Start Date (10) 1/14/19		Scheduled Completion Date (11) 3/31/19** see attached		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior work				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 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)
	Yes	No	N/A		
ACM gaskets under posts			x	gaskets	23 sf
Name of Registered Waste Hauler Pow/R/Save		NJDEP Waste Hauler ID No. 17132		Cubic Yards of Waste	Name of Registered Landfill Grows/fairless
City, State Clifton, NJ		Disposal Date		City, State Morrisville, PA	
Completed by sharon hendee		Title President		Signature 	Date 12/17/18



**PAID**

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

**RECEIVED**

ETS JOB # 4959/17 CHECK #29491

AMENDMENT # DEC 27 2018

Date of Notification (1) <b>12/20/18</b>		Name of Building Owner / Operator (2) <b>NJIT</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>323 DR. MARTIN LUTHER KING BLVD.</b> City, State & Zip Code <b>NEWARK, NJ 07102</b> Name of Contact <b>MR. TODD K. MILLER</b> Telephone Number <b>973-595-5509</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>NJIT - FACULTY MEMORIAL HALL</b>		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, home etc.	
Street Address <b>111 SUMMIT STREET AKA 120-142 BLEEKER STREET</b>		Square Feet <b>92,516</b>	# of Floors <b>5</b>
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>OMEGA ENVIRONMENTAL</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>ETS CONTRACTING, INC.</b>
Street Address <b>280 HUYLER STREET</b>		Street Address <b>160 CLAY STREET</b>	
City, State & Zip Code <b>SOUTH HACKENSACK, NJ 07606</b>		City, State & Zip Code <b>BROOKLYN, NY 11222</b>	
Project Manager for Monitoring Firm <b>ALEX PALLETS</b>		Telephone Number <b>201-310-9665</b>	License Number <b>00511</b>
Scheduled Start Date (10) <b>11/26/2018</b>	Scheduled Completion Date (11) <b>11/25/2019</b>	Name of OSHA Monitor <b>TESTOR TECH.</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>MONDAY - FRIDAY 3:00 PM - 3:30 AM</b> <input type="checkbox"/> Other - Describe:		Street Address <b>10 59 JACKSON AVENUE</b> City, State & Zip Code <b>LONG ISLAND CITY, NY 11101</b>	

**Scope of Work (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition  | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment  |
| <input checked="" type="checkbox"/> Large Project                                  |  | <input type="checkbox"/> Mini-Enclosure  |
| <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM                |  | <input type="checkbox"/> Glovebag Procedure  |
| <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM |  | <input checked="" type="checkbox"/> Other: <b>TENT &amp; EXTERIOR NON-FRIABLE PROC</b> |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify Repair, Enclosure or Removal)
4 <sup>TH</sup> FLOOR	NO	PIPE INSULATION (WRAP & CUT) WINDOW GLAZING	213 LF 96 SF	REMOVAL PROC
4 <sup>TH</sup> FLOOR - WEST CORRIDOR	NO	FLOOR TILES & MASTIC	480 SF	REMOVAL PROC
4 <sup>TH</sup> FLOOR - NORTH & SOUTH PERIMETER	NO	FLOOR TILES & MASTIC	50 SF	REMOVAL PROC



Name of Registered Waste Hauler #1 <b>JIMMY BYRNE T/A JIMMY BYRNE TRUCKING</b>		NJDEP Waste Hauler ID # <b>19551</b>		Cu. Yds. of Waste <b>120</b>	Name of Registered Land #1 <b>CUMBERLAND COUNTY LANDFILL</b>
City, State <b>1199 RANDALL AVENUE, BRONX, NY 10474</b>				Disposal Date <b>TBD</b>	City, State <b>620 NEWVILLE ROAD NEWBURG, PA 17240</b>
Completed By (Print or Type) <b>THOMAS AHERN</b>		Title <b>Project Executive</b>		Signature <i>Thomas Aherne</i>	Date <b>12/20/18</b>

ASB-41 JUN 95 G4667

