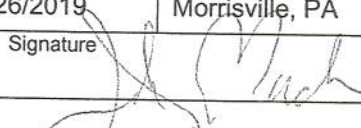


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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FEB 4 2019

Date of Notification (1) January 31, 2019		Name of Building Owner/Operator (2) 134 Bay Street, LLC							
Agencies Notified	Type Notification	Street Address 95 Christopher Columbus 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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Joseph Mauriello	Telephone Number 201-217-6626						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Manishevitz Warehouse/Factory		Type of Facility (4)							
Street Address 134 Bay Street		<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) Jersey City, NJ		Square Feet 74,352	# of Floors 6						
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc						
Street Address 3322 Us Route 22		Street Address 135 Kinnelon Road Suite 102							
City, State, Zip Code Branchburg, NJ 08874		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm TBD		Telephone No. 732-414-2226	Telephone No. 908-218-0880						
Start Date (10) 02/14/2019		Scheduled Completion Date (11) 03/25/2019	License No. 01228						
Name of OSHA Monitor Yannuzzi Environmental Services, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Floors 1-6 & Roof									
See Attached Survey									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 300 CF	Name of Registered Landfill Fairless Landfill					
City, State Kinnelon, NJ		Disposal Date 03/26/2019		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Mgr.	Signature 			Date 01/31/2019			

# ASBESTOS CONTAINING MATERIALS TABLE

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Space/Area	Material Description	Estimated Quantity	Friable (Y/N)	Condition (G/F/P)	Debris (Y/N)
1 <sup>st</sup> floor, throughout	Pipe insulation/fittings	225 LF	Y	F	N
1 <sup>st</sup> floor, men's restroom	9" tan floor tile	200 SF	N	G	N
1 <sup>st</sup> floor, area outside restrooms	9" green floor tile/mastic	120 SF	N	G	N
1 <sup>st</sup> floor, main shaft	Pipe insulation/debris	60 CF	Y	P	Y
1 <sup>st</sup> floor, throughout	Window glazing	T/O	N	G	N
2 <sup>nd</sup> floor, throughout	Pipe insulation/fittings	225 LF	Y	F	N
2 <sup>nd</sup> floor, medical office area	Fume hood (assumed)	125 SF	N	G	N
2 <sup>nd</sup> floor, throughout	Window glazing	T/O	N	G	N
3 <sup>rd</sup> floor, throughout	Pipe insulation/fittings	350 LF	Y	F	N
3 <sup>rd</sup> floor, throughout	Window glazing	T/O	N	F	Y
4 <sup>th</sup> floor, throughout	Pipe insulation/fittings	550 LF	Y	F	N
4 <sup>th</sup> floor, perimeter areas	Residual 9" floor tile/mastic	200 SF	N	G	N
4 <sup>th</sup> floor, locker room	9"x9" floor tile/mastic	800 SF	N	G	N
4 <sup>th</sup> floor, throughout	Window glazing	T/O	N	F	N
5 <sup>th</sup> floor, east side	Duct insulation	1,800 SF	Y	P	Y
5 <sup>th</sup> floor, east side	Pipe insulation/fittings	700 LF	Y	P	Y
5 <sup>th</sup> floor, east side	Oven insulation	6,000 SF	Y	P	Y
5 <sup>th</sup> floor, east side	Exhaust breeching stacks	1,000 SF	Y	P	Y
5 <sup>th</sup> floor, east side	Floor debris	9,000 SF	Y	P	Y
5 <sup>th</sup> floor, restroom and machine shop	9" floor tile/mastic	350 SF	N	F	Y
5 <sup>th</sup> floor, office area	12" blue and white floor tile	850 SF	N	G	N
5 <sup>th</sup> floor, office area	12" wood pattern floor tile (top layer)	200 SF	N	G	N
5 <sup>th</sup> floor, west side	Electrical wiring	200 LF	Y	F	Y
5 <sup>th</sup> floor, throughout	Window glazing	T/O	N	F	Y
5 <sup>th</sup> floor, over mechanical equipment, east side	Drywall partition	600 SF	N	G	N



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Space/Area	Material Description	Estimated Quantity	Friable (Y/N)	Condition (G/F/P)	Debris (Y/N)
6 <sup>th</sup> floor, throughout	Pipe insulation/fittings	530 LF	Y	F	N
6 <sup>th</sup> floor, SE corner	Duct insulation	100 SF	Y	F	N
6 <sup>th</sup> floor, restroom	9" gray floor tile/mastic	220 SF	N	G	N
6 <sup>th</sup> floor, elevator lobby	9" black and brown floor tile/mastic	100 SF	N	G	N
6 <sup>th</sup> floor, locker room	Mastic as/w 12" tan floor tile	200 SF	N	G	N
6 <sup>th</sup> floor, throughout	Window glazing	T/O	N	G	N
Main shaft	Pipe insulation	360 LF	Y	P	Y
Roof - elevator mechanical room south side	Roof field (bottom layer)	220 SF	N	G	N
Roof - center, north and west penthouses	Roof field (middle and bottom layers)	1,900 SF	N	G	N
Roof - center elevator penthouse	Roof field	140 SF	N	G	N
Roof - center elevator penthouse	Tar sealer	T/O	N	G	N
Roof - center elevator penthouse (exposed and within shaft)	Transite exhaust stack	50 LF	N	G	N
Roof - southwest	Roof field (bottom layer)	600 SF	N	G	N
Roof - southwest	Perimeter flashing (bottom layer)	200 SF	N	G	N
Roof - southwest (parapet wall)	Capping stone tar	100 LF	N	G	N
Roof - northwest	Roof field (middle and bottom layers)	3,000 SF	N	G	N
Roof - northwest	Perimeter flashing (bottom layer)	900 SF	N	G	N
Roof - northwest	West stairwell exterior mastic/sealer (on brick)	900 SF	N	G	N
Roof - east	Roof field (top and middle layers)	8,500 SF	N	G	N
Roof - east	Perimeter flashing	1,500 SF	N	G	N
Roof - east	Parapet wall sealer	1,000 SF	N	G	N
On conduit, penetrations,	Tar sealer	T/O	N	G	N

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Space/Area	Material Description	Estimated Quantity	Friable (Y/N)	Condition (G/F/P)	Debris (Y/N)
mounts, corrugated panels, etc.					
Roof	Door caulk	T/O	N	G	N
Exterior, rear wall	Tar sealer	150 SF	N	G	N
Exterior, lower roof	Roof field (assumed)	600 SF	N	G	N
Exterior, lower roof	Roof tar sealer (assumed)	100 SF	N	G	N




CK 5512

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

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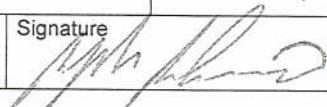
Date of Notification (1) 02 / 01 / 2019		Name of Building Owner/Operator (2) <b>FEDERAL REALTY INVESTMENT TRUST</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1626 EAST JEFFERSON STREET</b>							
		City, State, Zip Code <b>ROCKVILLE, MD 20852</b>							
		Name of Contact <b>RIC WOODIE</b>	Telephone Number <b>301-998-8286</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ELLISBURG CIRCLE SHOPPING CENTER</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>22 NJ RT 70</b>		Square Feet <b>20,000</b>	# of Floors <b>1</b>						
City (5) <b>CHERRY HILL</b>		Bldg. Age <b>+/-</b>							
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX COMPANIES</b>		ASCM No.	Name of Abatement Contractor (9) <b>PEPPER ENVIRONMENTAL SERVICES, INC.</b>						
Street Address <b>700 TURNER INDUSTRIAL WAY</b>		Street Address <b>2251 FRALEY STREET, PHILA, PA 19137</b>							
City, State, Zip Code <b>ASTON, PA 19014</b>		City, State, Zip Code <b>PHILADELPHIA, PA 19137</b>							
Project Manager for Monitoring Firm <b>DON HEIM</b>	Telephone No. <b>610-787-0402</b>	Telephone No. <b>215-533-5155</b>	License No. <b>01166</b>						
Start Date (10) 02 / 11 / 2019	Scheduled Completion Date (11) 02 / 15 / 2019	Name of OSHA Monitor <b>VERTEX COMPANIES</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		Street Address <b>700 TURNER INDUSTRIAL WAY</b>							
		City, State, Zip Code <b>ASTON, PA 19014</b>							
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) 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
SPACE 29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MASTIC	3,000 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 <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>LIBSON, OH</b>					
Completed By (Print or Type) <b>JENNIFER NIVEN</b>	Title <b>DIR OF OPERATIONS</b>	Signature 				Date <b>2-1-19</b>			



CK 859 PAID

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

RECEIVED  
FEB 4 2019

Date of Notification (1) 01 / 31 / 19		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ							
		Name of Contact Joseph Hanley	Telephone Number 301-802-5112						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 773 Summit Avenue									
City (5) Jersey City, NJ 07037		Square Feet 10,000	# of Floors 3						
		Bldg. Age 50							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 718-605-6256						
		License No. 00774							
Start Date (10) 02 / 01 / 19	Scheduled Completion Date (11) 02 / 03 / 19	Name of OSHA Monitor Testor Tech							
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:5:00PM-1:30AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
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 checked="" 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
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	70 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 02/10/19		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 01-31-2019			



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FEB 4 2019

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

Date of Notification (1) 01 / 31 / 19		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS3 <input type="checkbox"/> DCA (NJAC 8:23-2)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Joseph Hanley Telephone Number 301-602-6112							
Name of Facility Where Abatement is Taking Place (3) Verizon									
Street Address 775 Summit Avenue City (5) Jersey City, NJ 07037 County (8) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet 10,000 # of Floors 3 Bldg. Age 50 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (5) USA Environmental Management Inc. Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Telephone No. 215-368-5810		Name of Abatement Contractor (9) JVN Restoration Inc. Street Address 47 Foster Road City, State, Zip Code Staten Island NY 10309 Telephone No. 718-805-8258 License No. 00774							
Start Date (10) 02 / 01 / 19 Scheduled Completion Date (11) 02 / 03 / 19		Name of OSHA Monitor Tosor Tech Street Address 10 55 Jackson Avenue City, State, Zip Code LIC NY 11101							
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/5:00 PM - 1:30 AM									
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 200 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) <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)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	70 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 Newark Carting City, State Hackensack, NJ		NJDEP Waste Hauler ID No. NJ-655	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.B., Inc. City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager	Signature 		Date 01-31-2019				

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MAY 11

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



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BEST REMOVAL INC

PAGE 02/04

CK4954

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:130)

Date of Notification (1) 1/30/19		Name of Building Owner/Operator (2) MS. BEVERLY SPOONER						
Agency Number	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WEST ORANGE, NJ 07052						
		Name of Contact MS. SPOONER						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. SPOONER		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.)						
Street Address		Square Feet 2000	# of Floors 2					
City (5) WEST ORANGE		Bldg. Age 1950						
County (6) ESSEX	County Code (7) STATE USE ONLY	Current Use (Prior to being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Best Removal Inc						
City, State, Zip Code		450 South River Street Hackensack, NJ 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 1/31/19	Scheduled Completion Date (11) 2/1/19	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 PM TO 2:00 PM		Street Address 280 Kuyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 sf or less <input type="checkbox"/> 250 sf or less		<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"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE REMOVED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
BASEMENTS			✓ THERMAL INSULATION	385 SF	Y			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
Best Removal Inc		17109	207	Minerva Enterprises, LLC				
City, State		Disposal Date	City, State					
Hackensack, NJ 07601		2/1/19	Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano		Date 1/30/19			



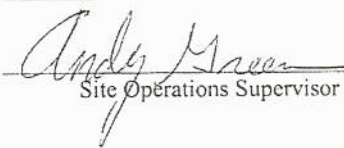
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

CK4114-188

**PAID**

**RECEIVED**

FEB 4 2019

<b>Date of Notification (1)</b> 1/23/19		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<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>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency	<b>Street Address</b> 800 Billingsport Rd	
		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
		<b>Name of Contact</b> Ravi Jarecha	<b>Tel. Number</b> 856-224-4444
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<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 (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A <b>Current Use (prior if being demolished)</b> Oil Refinery
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Mansfield Industrial, Inc.
<b>Street Address</b>		<b>Street Address</b> 26 Colonial Ave	
		<b>City, State, Zip Code</b> Woodbury NJ 08096	
<b>Project Manager for Monitoring Firm</b>	<b>Telephone Number</b>	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 2/5/19	<b>Scheduled Completion Date (11)</b> 2/8/19	<b>Name of OSHA Monitor</b> Mansfield Industrial, Inc.	
<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 -  (X) Other - Describe - Removal of ACM within restricted work area in outside area		<b>Street Address</b> 26 Colonial Avenue	
		<b>City, State, Zip Code</b> Woodbury NJ 08096	
<b>Source of Work (Check all that apply)</b>  <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> _ YES      NO      NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
Pipe Insulation Steam Lines TBA Warehouse	X	TSI - Glovebag	~20 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> <3 CY	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - Mansfield Industrial, Inc	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 1-23-19

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00



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

RECEIVED

FEB 4 2019

Date of Notification (1)

1 / 30 / 19

Agencies Notified

☐ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ 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

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.)

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Street Address

30 PROSPECT AVENUE

City (5)

HACKENSACK

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.  
99

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING & ENVIRONMENTAL

Street Address  
300 KIMBALL DRIVE

City, State, Zip Code  
PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

12 / 13 / 18  
Month Day Year

Sched. Completion Date (11)

5 / 30 / 19  
Month Day Year

Current Use (Prior if being demolished)

HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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

☒ Wrap & Cut

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

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL  
REPAIR  
ENCAPSUL  
ENCLOSUR

3RD FLOOR MAIN BUILDING

Yes No N/A

VAT & MASTIC

2,100 SF

X

ST. JOHNS BUILDING BASEMENT

Yes No N/A

VAT & MASTIC

COMPLETE

4,000 SF

X

ST. JOHNS BUILDING BASEMENT

Yes No N/A

GLUE & CEILING TILE

COMPLETE

740 SF

X

ADDITION TO SCOPE:

3RD FLOOR MAIN BUILDING

Yes No N/A

PIPE FITTINGS

100 LF

X

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

City, State

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste  
Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

City, State

PLAINFIELD TOWNSHIP, PA

Disposal Date  
12/13-5/30/19

Title  
DIRECTOR OF OPERATIONS

Signature

Date

1/30/19



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

Date of Notification (1)

1 / 3 / 19

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)

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

FEB 4 2019

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.)

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Street Address

30 PROSPECT AVENUE

City (5)

HACKENSACK

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.

99

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING & ENVIRONMENTAL

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

12 / 13 / 18  
Month Day Year

Sched. Completion Date (11)

5 / 30 / 19  
Month Day Year

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 - SATURDAY 8AM-4:30PM

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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)

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSUL ENCLOSUR

3RD FLOOR MAIN BUILDING

X

VAT & MASTIC

2,100 SF

X

ST. JOHNS BUILDING BASEMENT

X

VAT & MASTIC

COMPLETE

4,000 SF

X

ST. JOHNS BUILDING BASEMENT

X

GLUE & CEILING TILE

COMPLETE

740 SF

X

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

City, State

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste  
Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

Disposal Date  
12/13-5/30/19

City, State

PLAINFIELD TOWNSHIP, PA

Title

DIRECTOR OF OPERATIONS

Signature

Date

1/3/19



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

RECEIVED  
FEB 4 2019

**Date of Notification (1)**

12 / 26 /18

**Agencies Notified**

☐ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

**Type Notification**

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

**Name of Building Owner/Operator (2)**

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

**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.)

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

**Street Address**

30 PROSPECT AVENUE

**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)**

☒ 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 4PM-12AM

**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	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF *	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC COMPLETE	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE COMPLETE	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**

12-26-18

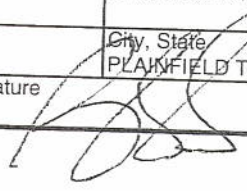


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 12 / 21 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
<b>Agencies Notified</b>		<b>Street Address</b> 30 PROSPECT AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
<b>Type Notification</b>		<b>Name of Contact</b> DONALD FARRELL	
<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		<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>	
<b>Street Address</b> 30 PROSPECT AVENUE		<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>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>County (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b>	<b>Bldg. Age</b> 80	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<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> 12 / 13 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19	
<b>Month</b>		<b>Month</b>	
<b>Day</b>		<b>Day</b>	
<b>Year</b>		<b>Year</b>	

<b>Occupancy Status During Abatement (Check only one)</b>		<b>Street Address</b> 1376 ROUTE 9	
<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		<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590	
<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 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
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.		<b>NJDEP Waste Hauler ID No.</b>		<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL				
<b>City, State</b> NEWARK, NEW JERSEY 07105		<b>Disposal Date</b> 12/13-5/30/19		<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> 12-21-18			

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

Date of Notification (1)

11 / 21 /18

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

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

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.)

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Current Use (Prior if being demolished)  
HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Street Address

30 PROSPECT AVENUE

City (5)

HACKENSACK

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.

99

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING & ENVIRONMENTAL

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

11 / 26 /18  
Month Day Year

Sched. Completion Date (11)

5 / 30 /19  
Month Day Year

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 -3:30pm

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

11/26-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature


Date

11/21/18



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

RECEIVED  
FEB 4 2019

<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 checked="" 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 Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER		<b>Name of Contact</b> DONALD FARRELL	<b>Telephone Number</b> 551-996-3778
<b>FACILITY INFORMATION</b>			
<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 (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b> 99	<b>Square Feet</b> 200,000
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>ASCM No.</b> 99	<b># of Floors</b> 5
<b>Street Address</b> 300 KIMBALL DRIVE		<b>Bldg. Age</b> 80	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054		<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Expected State Date (10)</b> 11 / 26 /18		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Sched. Completion Date (11)</b> 5 / 30 /19		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<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>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<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		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<input checked="" type="checkbox"/> Renovation		<b>Street Address</b> 1376 ROUTE 9	
<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>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590	
<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>	<b>Amount (Specify SF or LF)</b>
3RD FLOOR MAIN BUILDING	X	VAT & MASTIC	2,100 SF
ST. JOHNS BUILDING BASEMENT	X	VAT & MASTIC	4,000 SF
ST. JOHNS BUILDING BASEMENT	X	GLUE & CEILING TILE	740 SF
<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
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Disposal Date</b> 11/26-5/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Signature</b> 		<b>Date</b> 11/15/18	

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

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Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) Asbury Memorial Parkway LLC							
Agencies Notified	Type Notification	Street Address 62 Mountainside Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Colts Neck, NJ 07722							
		Name of Contact Luke Rudowsky	Telephone Number 732-877-9250						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 901 Mattison Avenue		Type of Facility (4)							
Street Address 901 Mattison Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Asbury Park		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 02/10/19		Scheduled Completion Date (11) 02/17/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	115LF	x			
				BASEMENT TILE	192SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 02/17/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 01/30/19			



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

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Date of Notification (1) 1/31/19		Name of Building Owner/Operator (2) MS. MARIE SOMERS							
Agencies Notified	Type Notification	Street Address	FEB 4 2019						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH ORANGE, NJ 07079							
		Name of Contact MS. SOMERS	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MS. MARIE SOMERS		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SOUTH ORANGE	Square Feet 2000	# of Floors 2	Bldg. Age 1950						
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)		Name of Abatement Contractor (9)							
Street Address		Best Removal Inc.							
City, State, Zip Code		Street Address 450 South River Street							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/12/19	Scheduled Completion Date (11) 2/13/19	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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: 8:00 AM TO 5:00 PM		City, State, Zip Code South Hackensack, NJ 07606							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	THERMAL SYSTEM INSULATION	25 LF	✓			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/29	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 2/13/19		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano			Date 1/31/19			

CK 7700

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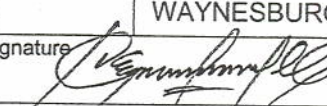
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 02/01/19		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ							
		Name of Contact 329 Brunswick Avenue Owners LLC	Telephone Number 917-359-5727						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Rahway		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 02/11/19	Scheduled Completion Date (11) 02/14/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Piping	90LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 02/14/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 02/01/19			



<b>Agencies Notified</b> <input checked="" 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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Street Address</b> 1325 PATERSON PARK RD, 2nd.FLOOR <b>City, State, Zip Code</b> SECAUCUS NJ. 07094 <b>Name of Contact</b> REY GRABATO		<b>Telephone Number</b> 201-562-2411			
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRIVATE				<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 (i.e. private & commercial buildings, homes, etc.)					
<b>Street Address</b> [REDACTED]				<b>Square Feet</b> 26,000		<b># of Floors</b> 1			
<b>City (5)</b> WEST NEW YORK NJ. 07093				<b>Bldg. Age</b> 90					
<b>County (6)</b> HUDSON			<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> N/A				
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> EMPIRE ENVIRONMENTAL LTD.			<b>ASCM No.</b>		<b>Name of Abatement Contractor (9)</b> NORTH EAST ENVIRONMENTAL LLC.				
<b>Street Address</b> 435 MAIN, RD. #200				<b>Street Address</b> 4919 BERGENLINE AVE.					
<b>City, State, Zip Code</b> TOWACO NJ. 07082				<b>City, State, Zip Code</b> WEST NEW YORK NJ. 07093					
<b>Project Manager for Monitoring Firm</b> MIKE			<b>Telephone No.</b> 973-334-5641		<b>Telephone No.</b> 201-776-0642		<b>License No.</b> 1300		
<b>Start Date (10)</b> 02 /04 / 2019		<b>Scheduled Completion Date (11)</b> 02/ 12 / 2019		<b>Name of OSHA Monitor</b> EMPIRE ENVIRONMENTAL LTD					
<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 <input type="checkbox"/> Other - Describe: _____				<b>Street Address</b> 435 MAIN RD. <b>City, State, Zip Code</b> TOWACO NJ.					
<b>Scope of Work (Check All That Apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</b>		<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes No N/A		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
						Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	437 LF	X			
BASEMENT		X		VAT. FLOOR TILE 9X9	6,550. SF	X			
<b>Name of Registered Waste Hauler</b> TRI STATE			<b>NJDEP Waste Hauler ID No.</b> 19951		<b>Cubic Yards of Waste</b> TBD		<b>Name of Registered Landfill</b> MINERVA ENTERPRISE INC.		
<b>City, State</b> BRONX NY.			<b>Disposal Date</b> TBD		<b>City, State</b> WAYNESBURG OHIO.				
<b>Completed by</b> CARLOS ESQUIVEL			<b>Title</b> SAFETY MANAGER		<b>Signature</b> 		<b>Date</b> 01/25/2019		

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

CK # 1172

CK 1172 PAID

Date of Notification (1) 01/31/2019		Name of Building Owner/Operator (2) Wendy Demas							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Wendy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
Start Date (10) 02/11/2019		Scheduled Completion Date (11) 02/14/2019	License No. 01332						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor same as (9)							
<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: 8:00 - 16:30		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	25 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 01/31/2019			




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

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Date of Notification (1) 01/31/2019		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey							
Agencies Notified	Type Notification	Street Address 70 Brewster Road							
<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 checked="" type="checkbox"/> Amended Amendment #02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07114							
		Name of Contact Michael DaCosta	Telephone Number 973-961-6390						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newark Airport		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 350 Scargo Earhart Drive		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age 35+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Underground Fuel Piping							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 26 Columbia Turnpike		Street Address 2217 Spillman Drive							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm		Telephone No. 973-240-1800	Telephone No. 610-691-1800						
		License No. 00721							
Start Date (10) 02/11/2019	Scheduled Completion Date (11) 04/12/2019	Name of OSHA Monitor Brandenburg							
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 checked="" type="checkbox"/> Other - Describe: Piping is subsurface outdoors		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Underground Fuel Piping			X	Black Tar Mastic/Paper	4000 LF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill					
City, State Bethlehem, PA		Disposal Date 2/12/19-4/28/19		City, State Waynesburg, OH					
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 01/31/2019			

CK 1546

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

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FEB 4 2019

Date of Notification (1) 01 / 31 / 19		Name of Building Owner/Operator (2) <b>Rekha Karnik</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Westwood, NJ 07675</b> Name of Contact <b>Frank Pinto</b>							
		Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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 <div style="background-color: black; width: 150px; height: 15px;"></div>		Square Feet							
City (5) <b>Oradell</b>		# of Floors							
County (6) <b>Bergen</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCN No.							
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) 02 / 09 / 19		License No. <b>1188</b>							
Scheduled Completion Date (11) 02 / 23 / 19		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	8 Elbows	<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 <b>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>		Name of Registered Landfill <b>GROWS North Landfill/ Fairless Landfill</b>			
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>1/31/19</b>			

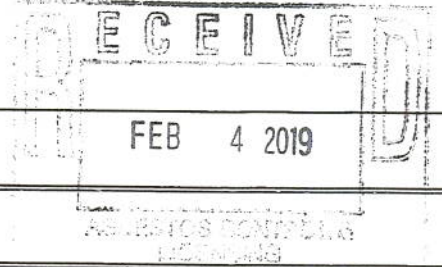


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-17

PAID

OK 7453



Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) kim maris	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code verona, nj 07044	
Name of Contact kim maris		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kim maris			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) verona	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 01/30/19		Sched. Completion Date (11) 02/15/19	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	31 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		bare heating pipes	60 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/31/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/28/19



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

D&S Proj. #: 19-18

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FEB 4 2019

Date of Notification (1) 01/12/18		Name of Building Owner/Operator (2) eric rosen	
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 [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code cranford, nj 07016	
		Name of Contact eric rosen	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) eric rosen			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) cranford			County (6) union		# of Floors [REDACTED]
			County Code (7) (State use only)		Bldg. Age [REDACTED]
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Current Use (Prior if being demolished) [REDACTED]		
Street Address [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code [REDACTED]			Street Address 20 California Ave.		
Project Manager for Monitoring Firm [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Phone Number [REDACTED]			Telephone Number 973-345-8020		
Start Date (10) 02/02/19			License Number 01169		
Sched. Completion Date (11) 02/18/19			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		
			<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement 3 locations		X		PIPE INSULATION	90 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/04/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 01/28/19



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

**RECEIVED**

Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) East Newark Town Center LLC		FEB 4 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Passaic Ave City, State, Zip Code Newark, New Jersey Name of Contact Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 54			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 900 Passaic Ave			Square Feet 25,000	# of Floors 3	Bldg. Age 50+				
City (5) East Newark			Current Use (Prior if being demolished) Commercial Space						
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026	License No. 01255				
Start Date (10) 12/14/18		Scheduled Completion Date (11) 03/31/19		Name of OSHA Monitor Harmony Contracting Inc					
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: <u>Scheduled for Demo</u>				Street Address 360 Palisade Ave					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Facade		x		Window Caulking	8 SF				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 01/30/19			

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

FEB 4 2019

Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) East Newark Town Center LLC							
Agencies Notified	Type Notification	Street Address 900 Passaic Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, New Jersey							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 39		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 900 Passaic Ave		Square Feet 25,000	# of Floors 3						
City (5) East Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc							
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973460.6026	License No. 01255						
Start Date (10) 11/26/18	Scheduled Completion Date (11) 03/31/19	Name of OSHA Monitor Harmony Contracting Inc							
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: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		x		Floor Tile	300 SF	x			
4th Floor		x		Floor Tile	170 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill					
City, State Riverdale, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 01/30/19			



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

**RECEIVED**  
FEB 4 2019

Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) East Newark Town Center LLC							
Agencies Notified	Type Notification	Street Address 900 Passaic Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, New Jersey							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 21		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 900 Passaic Ave		Square Feet 50,000	# of Floors 5						
City (5) East Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCN No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc							
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973460.6026	License No. 01255						
Start Date (10) 11/8/18	Scheduled Completion Date (11) 03/31/19	Name of OSHA Monitor Harmony Contracting Inc							
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: <u>Un-occupied Building for Renovation</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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
1st Floor		x		VAT	600 SF	x			
2nd Floor		x		VAT	660 SF	x			
3rd Floor		x		VAT	400 SF	x			
5th Floor		x		VAT	350 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 01/30/19			

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

Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) East Newark Town Center LLC		FEB 4 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Passaic Ave City, State, Zip Code Newark, New Jersey Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 64			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 900 Passaic Ave			Square Feet 25,000	# of Floors 3	Bldg. Age 50+				
City (5) East Newark			Current Use (Prior if being demolished) Commercial Space						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026	License No. 01255				
Start Date (10) 12/19/18		Scheduled Completion Date (11) 04/30/19		Name of OSHA Monitor Harmony Contracting Inc					
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: <u>Scheduled for Demo</u>			Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Pipe Insulation	37 LF	X			
2nd Floor		X		Floor Tile	780 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 01/30/19			



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

Date of Notification (1) 01/30/19		Name of Building Owner/Operator (2) East Newark Town Center LLC		FEB 4 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Passaic Ave  City, State, Zip Code Newark, New Jersey  Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 18			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 900 Passaic Ave			Square Feet 25,000	# of Floors 3	Bldg. Age 50+				
City (5) East Newark			Current Use (Prior if being demolished) Commercial Space						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026					
Start Date (10) 11/24/18		Scheduled Completion Date (11) 04/30/19		License No. 01255					
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: <u>Scheduled for Demo</u>				Name of OSHA Monitor Harmony Contracting Inc					
				Street Address 360 Palisade Ave					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
2nd Floor		X		Floor Tile	370 SF	X			
3rd Floor		X		Floor Tile	4,540 SF	X			
4th Floor		X		Floor Tile	40 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 01/30/19			



CK 1382

PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 9:60 and 12:120)

FEB 4 2019

Date of Notification (1) 01/30/2019		Name of Building Owner/Operator (2) RJM Realty Group		Check# 1385	
Agencies Notified	Type Notification	Street Address 515 West End Avenue		City, State, Zip Code New York, New York 10024	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Harry Uvagi		Telephone Number 917-915-3326	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) RJM Realty LLC			Type of Facility (4)		
Street Address 845 Bergen Avenue			<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) Jersey City, New Jersey 07306			Square Feet 40,000	# of Floors 3	Bldg. Age 50+
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Units			
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 300 Grand Ave		Street Address 806 McBride Ave			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-669-6078	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 02/04/2019	Scheduled Completion Date (11) 02/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment / Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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		
Basement	X			Thermal System Pipe Insulation	10 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey		Disposal Date 02/07/2019	City, State Morrisville, PA		
Completed by Adriana Olejarova		Title President	Signature 	Date 01/30/2019	

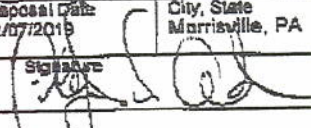


FEB 4 2019

CK 1385

PAID

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

Date of Notification (1) 01/30/2019		Name of Building Owner/Operator (2) RJM Realty Group		Check # 1385				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 515 West End Avenue City, State, Zip Code New York, New York 10024 Name of Contact Harry Uvegi				
				Telephone Number 917-915-5328				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) RJM Realty LLC			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.)					
Street Address 841 Bergen Avenue			Square Feet 40,000					
City (5) Jersey City, New Jersey 07306			# of Floors 3					
County (6) Hudson			Bldg. Age 50+					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residential Units					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc			Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave			Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Anthony Valentine			Telephone No. 201-585-8078					
			Telephone No. 973-225-8400					
			License No. 01104					
Start Date (10) 02/04/2019		Scheduled Completion Date (11) 02/07/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	X		Thermal System Pipe Insulation	15 LF	X			
Basement	X		Duct Insulation	120 SF				
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey			Disposal Date 02/07/2019		City, State Marristville, PA			
Completed by Adriana Olejarsova			Title President		Signature 		Date 01/30/2019	



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

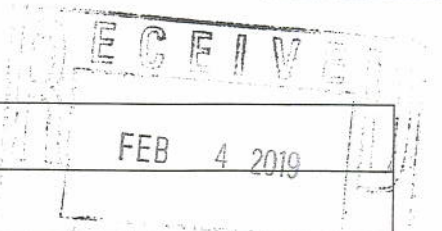
RECEIVED

FEB 4 2019

Date of Notification (1) 01/29/19		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY							
Agencies Notified	Type Notification	Street Address 1301 BACHARACH BLVD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ATLANTIC CITY, NJ 08401							
		Name of Contact LOIS ANDERSON	Telephone Number 609-347-5390						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		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) ATLANTIC CITY		Square Feet 2,100	# of Floors 2						
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)	Bldg. Age 119 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Street Address PO BOX 354		Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC							
City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		Street Address 1256 LIBERTY AVE							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 02/08/19		Scheduled Completion Date (11) 02/16/19	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS							
<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 PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
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 checked="" 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) 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BEDROOM #1		X		12" bottom layer blue floor tile	160 sf x2 layer	x			
BEDROOM #2		X		12" tan mottled floor tile	80 SF	x			
ROOF		X		Black middle layer of roofing	510 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NEW JERSEY			Disposal Date	City, State PENN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 01/29/19					



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



CK 3008 PAID

Date of Notification (1) 01/29/19		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY							
Agencies Notified	Type Notification	Street Address 1301 BACHARACH BLVD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ATLANTIC CITY, NJ 08401							
		Name of Contact LOIS ANDERSON	Telephone Number 609-347-5390						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		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) ATLANTIC CITY		Square Feet 2,100	# of Floors 2						
County (6) ATLANTIC		Bldg. Age 119 yrs							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		ASCM No. _____	Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 02/08/19		Scheduled Completion Date (11) 02/16/19	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS							
<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 PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
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 checked="" 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
ROOF		X		BLACK ROOF FLASHING	96 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NEW JERSEY			Disposal Date	City, State PENN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 01/29/19					

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

CK 3029 PAID

Date of Notification (1) 01/29/19		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY		FEB 4 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 BACHARACH BLVD					
		City, State, Zip Code ATLANTIC CITY, NJ 08401							
		Name of Contact LOIS ANDERSON		Telephone Number 609-347-5390					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE			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 & commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) ATLANTIC CITY			Square Feet 2100	# of Floors 2	Bldg. Age 119 YRS				
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		ASCM No.	Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465	License No. 01316					
Start Date (10) 02/08/19		Scheduled Completion Date (11) 02/16/19		Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS					
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 PO BOX 354						
			City, State, Zip Code SOUTH ORANGE, NJ 07079						
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		BLACK ROOF MIDDLE LAYER	512 SF x2 layers	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NEW JERSEY			Disposal Date	City, State PENN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature [Signature]	Date 01/29/19					



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

CK 3030 PAID

01/29/19

**RECEIVED**  
FEB 4 2019

Date of Notification (1) 01/29/19		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY	
Agencies Notified	Type Notification	Street Address 1301 BACHARACH BLVD	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ATLANTIC CITY, NJ 08401	
		Name of Contact LOIS ANDERSON	Telephone Number 609-347-5390

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) ATLANTIC CITY		Square Feet 2,100	# of Floors 2
County (6) ATLANTIC		Bldg. Age 119 YRS	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		ASCM No.	
Street Address PO BOX 354		Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC	
City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		Street Address 1256 LIBERTY AVE	
Project Manager for Monitoring Firm SARAH CALANDRA		City, State, Zip Code HILLSIDE, NJ 07205	
Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316
Start Date (10) 02/08/19	Scheduled Completion Date (11) 02/16/19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS	
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 354	
<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 SOUTH ORANGE, NJ 070798	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
KITCHEN		X		GRAY FLUE PACKING	144 SF	X			
ROOF		X		BLACK ROOF FLASHING	96 LF	X			
ROOF		X		BLACK FELT PAPER	144 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL	
City, State EAST ORANGE, NEW JERSEY		Disposal Date		City, State PENN ARGYLE, PA	
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 01/29/19	



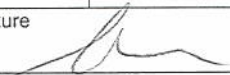
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>01/29/19</b>		Name of Building Owner/Operator (2) <b>CITY OF ATLANTIC CITY</b>		FEB 4 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>1301 BACHARACH BLVD</b>  City, State, Zip Code <b>ATLANTIC CITY, NJ 08401</b>  Name of Contact <b>LOIS ANDERSON</b>					
				Telephone Number <b>609-347-5390</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE 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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>ATLANTIC CITY</b>				Square Feet <b>2,100</b>	Bldg. Age <b>119 YRS</b>				
County (6) <b>ATLANTIC</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>PRIVATE RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>A. SEINE LIGHTHOUSE SOLUTIONS</b>			ASCM No. _____	Name of Abatement Contractor (9) <b>BRINKS TANK SERVICES, INC</b>					
Street Address <b>PO BOX 354</b>			Street Address <b>1256 LIBERTY AVE</b>						
City, State, Zip Code <b>SOUTH ORANGE, NEW JERSEY 07079</b>			City, State, Zip Code <b>HILLSIDE, NJ 07205</b>						
Project Manager for Monitoring Firm <b>SARAH CALANDRA</b>		Telephone No. <b>201-349-2666</b>		Telephone No. <b>844-462-7465</b>	License No. <b>01316</b>				
Start Date (10) <b>02/08/19</b>		Scheduled Completion Date (11) <b>02/16/19</b>		Name of OSHA Monitor <b>A. SEINE LIGHTHOUSE SOLUTIONS</b>					
Occupancy Status During Abatement (Check Only One)				Street Address <b>PO BOX 354</b>					
<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 <b>SOUTH ORANGE, NJ 070798</b>					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
KITCHEN		X		brwn/tan bottom layer linoleum	144 sf x2 layer	x			
KITCHEN		X		WHILE FLUE PACKING	144 SF	x			
ROOF		X		BLACK ROOF TOP LAYER	512 sf x2 layer	x			
ROOF		X		ROOF FLASHING	177 SF	x			
Name of Registered Waste Hauler <b>NEWARK CARTING</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste	Name of Registered Landfill <b>WASTE MANAGEMENT LANDFILL</b>				
City, State <b>EAST ORANGE, NEW JERSEY</b>				Disposal Date	City, State <b>PENN ARGYLE, PA</b>				
Completed by <b>ALISON LAMERS</b>		Title <b>OFFICE MANAGER</b>		Signature <i>[Signature]</i>		Date <b>01/29/19</b>			



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

*Check 18523*

Date of Notification (1) 1/31/19 <b>PAGE 2</b>		Name of Building Owner/Operator (2) Insurance Restoration Specialists, Inc.							
Agencies Notified	Type Notification	Street Address 30 Abeel Road							
<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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Monroe, NJ 08831							
		Name of Contact Charles Mullen	Telephone Number 732-713-4159						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Lawrence Township		Bldg. Age 68							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/11/19	Scheduled Completion Date (11) 3/11/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) 800 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior right side & partial rear			X	siding		X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/31/19			

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

Check 18523

Date of Notification (1) 1/31/19		Name of Building Owner/Operator (2) Insurance Restoration Specialists, Inc.							
Agencies Notified	Type Notification	Street Address 30 Abeel Road							
<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 Monroe, NJ 08831							
		Name of Contact Charles Mullen	Telephone Number 732-713-4159						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Lawrence Township		Bldg. Age 68							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/11/19	Scheduled Completion Date (11) 3/11/19	Name of OSHA Monitor							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement STAIRCASE			x	ceiling & wall plaster	144 SF	x			
kitchen			x	ceiling & wall plaster	434 SF	x			
main staircase			x	window wall plaster	100 SF	x			
right rear bedroom			x	ceiling & wall plaster	228 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/31/19			



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

Check 18522

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FEB 4 2019

Date of Notification (1) 1/31/19		Name of Building Owner/Operator (2) Paul Togno							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Netcong, NJ 07857							
		Name of Contact Paul Togno	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2100	# of Floors 2						
City (5) Netcong		Bldg. Age 63							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/13/19	Scheduled Completion Date (11) 2/20/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	105 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/31/19			

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

Check 18508

Date of Notification (1) 1/30/19		Name of Building Owner/Operator (2) Renee Wilder							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08611-1341							
		Name of Contact Charles Mullin	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Trenton		Square Feet 2200	# of Floors 2						
		Bldg. Age 65							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/31/19	Scheduled Completion Date (11) 2/11/19	Name of OSHA Monitor							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor (fire area)			x	wall plaster	50 SF	x			
" "			x	ceiling plaster	50 SF	x			
2nd floor			x	hall ceiling plaster	50 SF	x			
" "			x	walls	200 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Newburg, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/30/19			



Project #

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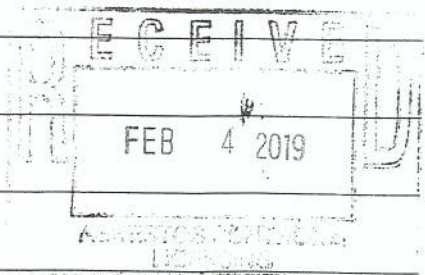
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 4535

Date of Notification (1) 01/22/2019		Name of Building Owner/Operator (2) Jonathan Pryor							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Caldwell, NJ							
		Name of Contact Jonathan Pryor	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Caldwell, NJ		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm		Telephone No.	License No. 973933-2550 01358						
Start Date (10) 01/24/2019		Scheduled Completion Date (11) 01/25/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor IRIS							
<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: 3pm		Street Address 2333 Rt 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Laundry Room		X		TSI	6LF	X			
Crawl space		X		TSI	34 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President	Signature <i>Nikica Mrda</i>			Date 01/22/2019			

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

Date of Notification (1) <b>1/31/2019</b>		Name of Building Owner/Operator (2) <b>Nathan Tian</b>	
Agencies Notified	Type Notification	Street Ad [REDACTED]	City, State, Zip Code <b>Fotr Lee NJ 07024</b>
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	Name of Contact <b>Antoine Bullock</b>	



**FACILITY INFORMATION**

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   # of Floors   Bldg. Age		
City <b>Demarest</b>	County <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>2-9-19</b> Month   Day   Year		Sched. Completion Date (11) <b>2-12-19</b> Month   Day   Year		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

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

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

☐ Renovation  
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Siding			X	Transite siding	1200SF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>4.0</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>2-13-19</b>	City, State <b>Bronx, NY, 10474</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>1/31/2019</b>		



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

FEB 4 2019

Date of Notification (1) 01 / 30 / 19		Name of Building Owner/Operator (2) Jacobs Demolition							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Linda	Telephone Number 732-528-3800						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Belmar		Square Feet 2800 sf	# of Floors 2						
		Bldg. Age 65							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 02 / 13 / 19	Scheduled Completion Date (11) 02 / 15 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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-house & 2 sheds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 02/15/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 1/30/19		

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

*CK 23809* **PAID** **RECEIVED**

Date of Notification (1) 1/30/2019		Name of Building Owner/Operator (2) PASSAIC COUNTY COMMUNITY COLLEGE							
Agencies Notified	Type Notification	Street Address ONE COLLEGE BOULEVARD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PATERSON, NJ 07505							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact BRIAN EGAN	Telephone Number 973-684-5999						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMER FIREHOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 113-119 COLLEGE BLVD.		Square Feet	# of Floors						
City (5) PATERSON		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 00100	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm GARY W. FLEMING		Telephone No. 732-223-2225	Telephone No. 973-956-8700						
Start Date (10) 2/11/2019		Scheduled Completion Date (11) 4/12/2019	License No. 00494						
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 SAME AS (9) ABOVE							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address  City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT & 2ND FL		X		PIPE INSULATION	20 LF	X			
THROUGHOUT BUILDING		X		PLASTER	13,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/12/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 1/30/2019			



Emergency

PAID

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

APL-10 Check

#10608

Date of Notification (1) <b>Jan 30 2019</b>		Name of Building Owner/Operator (2) <b>Tony Lamon</b>		FEB 4 2019	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code <b>North Plainfield NJ 07060</b>		Name of Contact <b>Tony Lamon</b>	
		Telephone Number			
FACILITY INFORMATION					
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 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet	
City (5) <b>North Plainfield NJ 07060</b>				# of Floors <b>2</b>	
County (6) <b>Union</b>				State Age <b>80+-</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>		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>00394</b>	
Start Date (10) <b>2-1-19</b>		Scheduled Completion Date (11) <b>2-1-19</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"/> < 30 sf or < 30 ft <input type="checkbox"/> > 160 sf or > 250 ft <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)	
		Yes No N/A		Amount (Specify SF or LF)	
<b>Basement Furnace Area</b>		<b>X</b>		<b>Pipe Insulation 20 LF</b>	
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>&lt; 1</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>2-4-19</b>		Name of Registered Landfill <b>Waste Management of PA</b>	
		City, State <b>Moonsville PA</b>			
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>	
				Date <b>1-30-19</b>	



Tom Voorhees, NJ DOL

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

**PAID**

Chk # 3508

Date of Notification (1) 1 / 29 / 19		Name of Building Owner/Operator (2) St Francis Medical Center		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 4 2019 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 601 Hamilton Ave City, State, Zip Code Trenton, NJ 08629			
		Name of Contact Rita Gelli		Telephone Number 609-599-5000					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 601 Hamilton Ave				Square Feet 70,000					
City (5) Trenton				# of Floors 3					
County (6) Mercer				Bldg. Age 60+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 N Warren Street				Street Address 1123 BEAVER STREET					
City, State, Zip Code Trenton, NJ 08010				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		Telephone No. 215-788-6040					
Start Date (10) 1 / 30 / 19		Scheduled Completion Date (11) 1 / 30 / 19		License No. 00509					
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: 8:00AM-4:00PM/ _____ PM- _____ AM				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Nursing School Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing School Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu Yd		Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007				Disposal Date 1/30/19		City, State FAIRLESS HILLS, PA			
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni / gk		Date 1-29-19			

ASB-41  
MAY 11 GI19028

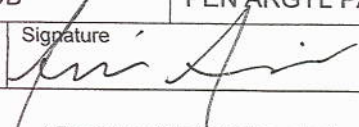
\* Do not use this form for asbestos licensure exempted activities.



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

PAID

FEB 4 2019

Date of Notification (1) 1/28/2019 ckeck #0130		Name of Building Owner/Operator (2) MOH PERSAUD							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINDEN, NJ 07036							
		Name of Contact MOH PERSAUD	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		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) LINDEN, NJ 07036		Square Feet 100X50	# of Floors 2						
County (6) UNION		Bldg. Age 50 YEARS							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) EMPTY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407							
Project Manager for Monitoring Firm		Telephone No. 201-873 9418	License No. 01301						
Start Date (10) 02/08/2019	Scheduled Completion Date (11) 02/09/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: EMPTY HOUSE		City, State, Zip Code ELMWOOD PARK 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	60LF	X			
OUT SIDE AROUND THE HOUSE			X	SIDING TRANSITE	2000SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA		Disposal Date TDB		City, State PEN ARGYL PA					
Completed by LUIS ARCILA		Title PRESIDENT		Signature 			Date 1/28/2019		



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

PAID

FEB 4 2019

Date of Notification (1) 1-29-19		Name of Building Owner/Operator (2) GIRL SCOUTS OF CENTRAL N.J.							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	71 Powell Pl. RD.							
		City, State, Zip Code TABERNACLE NJ 08088							
		Name of Contact H.L. RANSOME	Telephone Number 609-351-9370						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GIRL SCOUTS OF CENTRAL N.J.		Type of Facility (4)							
Street Address 71 Powell Place RD.		<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) TABERNACLE NJ 08088		Square Feet 2000	# of Floors 1						
County (6)		Bldg. Age NA							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) CAMP							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION INC.						
Street Address PO BOX 11645			Street Address PO BOX 11587						
City, State, Zip Code PHILA PA 19116			City, State, Zip Code PHILA PA 19116						
Project Manager for Monitoring Firm JASON		Telephone No. 267-784-4693	License No. 01276						
Start Date (10) 1-31-19		Scheduled Completion Date (11) 2-1-19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EFRAIM DUA							
<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 279 HENDRIX PL							
		City, State, Zip Code PHILA PA 19116							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DINING ROOM			✓	CEILING TILE	1500 SF	✓			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS CC					
City, State PHILA PA		Disposal Date 2-5-19		City, State BIRDSBORO PA					
Completed by EFRAIM DUA		Title V. PRES	Signature Efraim DUA	Date 1-29-19					



CK 53804107 PAID

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

RECEIVED

Date of Notification (1) 01/29/2019		Name of Building Owner/Operator (2) Gary Hickey		FEB 4 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<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, State, Zip Code Hackensack, NJ 07601		Name of Contact Gary Hickey	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hackensack			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.		
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311	
Start Date (10) 02/08/2019		Scheduled Completion Date (11) 02/09/2019		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 11 Rosengren Avenue		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied			City, State, Zip Code Totowa, NJ 07512		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Pipe Insulation	150 LF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature	Date 01/29/2019	



PAID

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

FEB 4 2019

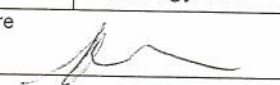
Date of Notification (1) 1/30/2019		Name of Building Owner/Operator (2) SPRINGFIELD CENTER URBAN RENEWAL CO							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 711 COMMERCE RD City, State, Zip Code LINDEN, NJ, 07036							
		Name of Contact MR JOSEPH IORIO	Telephone Number 908-469-2900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SPRINGFIELD CENTER URBAN RENEWAL CO		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 275 MORRIS AVE, BLOCK 706 LOT #12		Square Feet 7600	# of Floors 2						
City (5) SPRINGFIELD		Bldg. Age 84 YRS							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORE/VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) BEST REMOVAL INC						
Street Address		Street Address 450 SO RIVER ST							
City, State, Zip Code		City, State, Zip Code HACKENSACK, NJ, 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/25/19	Scheduled Completion Date (11) 3/13/19	Name of OSHA Monitor OMEGA ENVIRONMENTAL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 700 TO 6PM		Street Address 280 HUNTER ST City, State, Zip Code SO HACKENSACK, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			✓	ROOFING MATERIAL	4000 SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40 CYS	Name of Registered Landfill TESTI BETHLEHEM LANDFILL					
City, State NEWARK, NJ 07105		Disposal Date 3-13-19		City, State BETHLEHEM, PA					
Completed by J. MAIORANO		Title ESTIMATOR	Signature J. MAIORANO			Date 1/30/19			



**PAID**

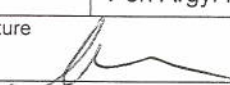
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 18519*

Date of Notification (1) 1/29/19		Name of Building Owner/Operator (2) Edmonds Contracting, Inc.							
Agencies Notified	Type Notification	Street Address 58 Ware Road							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Saddle River, NJ 07458							
		Name of Contact Rob Tito	Telephone Number 201-538-3604						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4)							
Street Address 62-64 Main Street		<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) Hackensack		Square Feet 2700	# of Floors 1						
County (6) Bergen		Bldg. Age 80							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/9/19	Scheduled Completion Date (11) 2/28/19	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"/> $\geq 3$ 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) <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
Roof			x	roof core	2,700 SF	x			
" "			x	roof flashing	500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/29/19			

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

**CK 18520 PAID Check 18520**

Date of Notification (1) 1/29/19		Name of Building Owner/Operator (2) Accurate Builders & Developers							
Agencies Notified	Type Notification	Street Address 742 Ocean 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 Lakewood, NJ 08701							
		Name of Contact Aaron Weinberg	Telephone Number 848.210.1555						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) building (building 3)		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 309B West Elizabeth Avenue		Square Feet 3000	# of Floors 1						
City (5) Linden		Bldg. Age 73							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/11/19	Scheduled Completion Date (11) 3/1/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Roof			X	roof duct	50 SF	X			
" "			X	roof flashing	600 SF	X			
" "			X	roof field	6,000 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 1/29/19			



**PAID**

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

Check 18521

**RECEIVED**

FEB 4 2019

Date of Notification (1) 1/29/19		Name of Building Owner/Operator (2) Accurate Builders & Developers							
Agencies Notified	Type Notification	Street Address 742 Ocean 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Aaron Weinberg	Telephone Number 848.210.1555						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) building (building 5) - warehouse		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 309 West Elizabeth Avenue		Square Feet 14,000	# of Floors 1						
City (5) Linden		Bldg. Age 73							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/11/19	Scheduled Completion Date (11) 3/1/19	Name of OSHA Monitor							
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 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
Roof			X	roof field	14,000 SF	X			
" "			X	roof flashing	1,800 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature			Date 1/29/19			

MO#25131067830 **PAID**

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


**RECEIVED**  
FEB 4 2019

Date of Notification (1) 01 / 30 / 19		Name of Building Owner/Operator (2) Robert Andersen							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Livingston, NJ 07039							
Name of Contact Robert Andersen		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) Livingston, NJ 07039		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		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) 02 / 08 / 19		License No. 01127							
Scheduled Completion Date (11) 02 / 09 / 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 type="checkbox"/> > 160 sf or >260 lf		<input checked="" 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 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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	85 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 01/30/19			



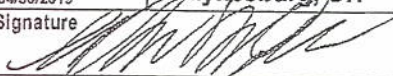
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12-120)

Check No. N/A

Date of Notification (1) <b>December 07, 2018</b>		Name of Building Owner/Operator (2) <b>NJ Turnpike Authority</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>01</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 5042</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>Michael J. Grzeskowiak, PE</b> Telephone Number <b>856-396-2226</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>New Jersey Turnpike Interchange 14B, Toll Plaza Canopy Replacement</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>Jersey City</b>		Square Feet <b>4,080</b>	# of Floors <b>1</b>						
City (5) <b>Jersey City</b>		Bldg. Age <b>30 +</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Toll Plaza</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>	ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>							
Street Address <b>PO Box 365</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-839-2432</b>	Telephone No. <b>973-478-4681</b>	License No. <b>100120</b>						
Start Date (10) <b>December 17, 2018</b>	Scheduled Completion Date (11) <b>April 30, 2019</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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>464 Valley Brook Avenue</b>							
		City, State, Zip Code <b>Lyndhurst, NJ 07071</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 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
Canopy Roof	<input checked="" type="checkbox"/>			Tar Waterproofing on metal deck	4080 sq ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Cumberland County Landfill or Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>				Disposal Date <b>12/18/2018 - 04/30/2019</b>	City, State <b>Newburg, PA or Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 			Date <b>1/29/2019</b>		

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

Check No. **5508**

Date of Notification (1) <b>December 07, 2018</b>		Name of Building Owner/Operator (2) <b>NJ Turnpike Authority</b>						
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP (NJ Asbestos Strategy 10/2004) <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>PO Box 5042</b>						
		City, State, Zip Code <b>Woodbridge, NJ 07095</b>						
		Name of Contact <b>Michael J. Grzeskowiak, PE</b>	Telephone Number <b>856-396-2226</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>New Jersey Turnpike Interchange 14B, Toll Plaza Canopy Replacement</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		Square Feet <b>4,080</b>	# of Floors <b>1</b>					
City (5) <b>Jersey City</b>		Bldg. Age <b>30 +</b>						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Toll Plaza</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
Street Address <b>PO Box 365</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-839-2432</b>	License No. <b>100120</b>					
Start Date (10) <b>December 17, 2018</b>	Scheduled Completion Date (11) <b>April 30, 2019</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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>464 Valley Brook Avenue</b>						
		City, State, Zip Code <b>Lyndhurst, NJ 07071</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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Canopy Roof	<input checked="" type="checkbox"/>			Tar Waterproofing on metal deck	4080 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>		Disposal Date <b>12/18/2018 - 04/30/2019</b>		City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>12/7/2018</b>		



01/29/2019 11:02AM 9736381778

E C E I V E

PAGE 03/04

FEB 4 2019

Check#3255

PAID

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

FEB - 10 DAY

Date of Notification (1) 01 / 29 / 19		Name of Building Owner/Operator (2) Chris Mutek	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Middlesex, NJ 08846	
Name of Contact Chris Mutek		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 s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Middlesex, NJ 08846		County Code (7) (STATE USE ONLY)	
County (6) Middlesex		Current Use (Prior if being demolished)	
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 No.	
Start Date (10) 01 / 30 / 19		Scheduled Completion Date (11) 02 / 03 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Name of OSHA Monitor Environmental Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 8 sf or > 3 lf <input checked="" type="checkbox"/> > 100 sf or > 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	
1st floor-living room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
1st floor-living room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
1st floor-bedroom		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, roofing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Popcorn ceiling		320 SF	
VAT floor tiles		320 SF	
VAT floor tiles		130 SF	
Name of Registered Waste Hauler		Name of Registered Landfill	
Gr Tech LLC		T.R.R.P. Inc.	
City, State		City, State	
Wayne, NJ 07470		Tulhinn, PA	
Completed By (Print or Type)		Signature	
N. Jovic		[Signature]	
Title		Date	
Owner		01/29/19	

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



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

CK 0137 PAID

RECEIVED FEB 4 2019

Date of Notification (1) 1/29//2019 check #0137		Name of Building Owner/Operator (2) JIM PIOMBINO							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FAIR LAWN, NJ 07410  Name of Contact JIM PIOMBINO  Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) FAIR LAWN, NJ 07410		Square Feet 50X100	# of Floors 2 Bldg. Age 50 YEARS						
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) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD NJ, 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873-9418	License No. 01301						
Start Date (10) 02/11/2019	Scheduled Completion Date (11) 02/12/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: 7:00 TO 3:30 PM		City, State, Zip Code ELMWOOD NJ, 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	FLOOR TILE	350SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA		Disposal Date TDB		City, State PEN ARGYL PA					
Completed by LUIS ARCILA		Title PRESIDENT	Signature	Date 1/29/2019					



CL 20153

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STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)

FEB 4 2019

Date of Notification (1) 1/29/19		Name of Building Owner/Operator (2) Glen Ridge Board of Education	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 235 Ridgewood Ave		City, State, Zip Code Glen Ridge, NJ 07028	
Name of Contact Mr. Damian D.		Tel. Number 973 653 6789	
Name of Facility Where Abatement is Taking Place (3) Glen Ridge Central School			
Street Address 5 High St.			
City (5) Glen Ridge	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCN No. 00145	
Street Address 11 Tindall Road		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Middletown, NJ 07748		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Kevin Burns		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 732 671 6400		Telephone Number 973-742-5030	
Scheduled Start Date (10) 2/9/2019		License Number 00809	
Scheduled Completion Date (11) 2/13/2019		Name of OSHA Monitor MTM Metro Corporation	
Occupancy Status During Abatement (Check only one)		Street Address 135-137 McBride Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: occupied by other trades		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Ground floor former x-ray room		pipe insulation / wrap&cut method	120 LF
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 3	Name of Reg. Landfill Tullytown, PA
City, State Paterson, NJ 07501	Disp. Date 2/14/19	City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Proj. Manager	Signature Mike Damevski	Date 1/29/19

ASB-41

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



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

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2K 4956

FEB 4 2019

Date of Notification (1) 1/30/2019		Name of Building Owner/Operator (2) SPRINGFIELD CENTER URBAN RENEWAL CO							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 711 COMMENCE RD City, State, Zip Code LINDEN NJ 07036 Name of Contact MR. JOSEPH IORIO Telephone Number 908-469-2900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SPRINGFIELD CENTER URBAN RENEWAL CO		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 259 MORRIS AVE BLOCK 706 LOT #14		Square Feet 6200							
City (5) SPRINGFIELD		# of Floors 1							
County (6) UNION		Bldg. Age 70 yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) STORE / VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) BEST REMOVAL INC							
City, State, Zip Code		Street Address 450 50 RIVER ST							
Project Manager for Monitoring Firm		City, State, Zip Code HACKENSACK NJ 07601							
Telephone No.		Telephone No. 201 329-7444							
Start Date (10) 3/7/19		License No. 00388							
Scheduled Completion Date (11) 3/27/19		Name of OSHA Monitor OMEGA ENVIRONMENTAL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 6:00 PM		Street Address 280 HUYLER ST							
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		City, State, Zip Code 50 HACKENSACK NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			✓	ROOFING MATERIAL	6200 SF	✓			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40 CYS		Name of Registered Landfill WEST BETHLEHEM LANDFILL			
City, State NEWARK NJ 07105		Disposal Date 3/27/19		City, State BETHLEHEM PA					
Completed by J. MAIDRANO		Title ESTIMATOR		Signature [Signature]		Date 1/30/19			



Jan.28.2019 08:12 AM A. Mac Contracting

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

Date of Notification (1) 1/28/19

Name of Building Owner/Operator (2) RALPH MEYER

Address (3) [REDACTED]

City, State, Zip Code RIDGEWOOD NJ 07450

Name of Contact DAVE ALLES

Telephone Number [REDACTED]

Agency Notified (4) EPA, DEP, DOL, DOH, DCA

Type Notification (5) Initial, Amended, Amendment to, Emergency (including justification), Cancellation

Name of Facility Where Abatement is Taking Place (6) MEYER

Street Address [REDACTED]

City (8) RIDGEWOOD

County (9) BERGEN

County Code (10) [REDACTED]

Name of Monitoring Firm Hired by Building Owner (11) A. Mac Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, N.J.

Project Manager for Monitoring Firm [REDACTED]

Telephone No. 201-282-8841

License No. 00169

Date of Work (12) 1/28/19

Schedule Completion Date (13) 2/4/19

Occupancy Status During Abatement (Check Only One) (14) Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: [REDACTED]

Name of Work (Check All That Apply) (15) [REDACTED]

Is Location Normally Used Exclusively by Maintenance/Custodial Staff (16) Yes, No, N/A

Description of Asbestos Containing Material (ACM) (17) [REDACTED]

Amount (Specify SF or LF) 70 LF

Name of Registered Waste Hauler Newark Carting, Inc.

Waste Hauler ID No. 04806

Cubic Yards of Waste 1

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Newark, N.J. 07105

Disposal Date 1/28/19

City, State Pen Argyl, PA 18072

Completed by R. McDonald

Title President

Date 1/28/19



2012620321

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FEB 10 4 2019

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

Date of Notification (1)		Name of Building Owner/Operator (2)							
1/28/19		VICTOR AMAR							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Abatement & Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code							
		WEST NEW YORK, N.J. 07093							
		Name of Contact	Telephone Number						
		ROSENA TAYLOR							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
RESIDENCE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet							
[REDACTED]		1500							
City (5)		# of Floors	Bldg. Age						
WEST NEW YORK		2	150						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Hudson		RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
[REDACTED]		A.MAC Contracting Inc.							
Street Address		Street Address							
[REDACTED]		185 Vreeland Ave							
City, State, Zip Code		City, State, Zip Code							
[REDACTED]		Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No.	License No.						
[REDACTED]		201-282-5841	00168						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
1/28/19	2/15/19	Omega Environmental Services Inc.							
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: _____		280 Huyler Street							
		City, State, Zip Code							
		Hackensack, NJ 07600							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 10 or less sf <input checked="" type="checkbox"/> 100 or less sf <input checked="" type="checkbox"/> 1000 or less sf		<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"/> Cleaning Procedures <input type="checkbox"/> Non-Exempted (C) and Non-Franchise Procedures							
Location of Asbestos-Containing Material (ACM) ISOLATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Control Staff? (13)			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	Enclose
3rd Floor			✓	Mastic	600sf	X			
Name of Registered Waste Hauler		RISEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Newark Carting Inc.		04509	5	Grand Central Sanitary Landfill					
City, State		Disposal Date		City, State					
Newark, NJ 07105		1/28/19 on		Pen Argyl, PA 08102					
Completed by		Title	Signature	Date					
R. McDonald		President	[Signature]	1/28/19					



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

C14955

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Date of Notification (1) 1/30/2019		Name of Building Owner/Operator (2) SPRINGFIELD CENTER URBAN RENEWAL CO							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 711 COMMERCE RD City, State, Zip Code LINDEN, NJ. 07036	FEB 4 2019						
Name of Contact MR. JOSEPH IORIO		Telephone Number 908-469-2900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SPRINGFIELD CENTER URBAN RENEWAL CO		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 265 MORRIS AVE BLOCK 706 LOT #13		Square Feet 16400							
City (5) SPRINGFIELD		# of Floors 2	Bldg. Age 84 yrs						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORE / VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) BEST REMOVAL INC							
Street Address		Street Address 450 So River St							
City, State, Zip Code		City, State, Zip Code HACKENSACK, NJ, 07601							
Project Manager for Monitoring Firm		Telephone No. 201 329-7444	License No. 00388						
Start Date (10) 2/13/19	Scheduled Completion Date (11) 3/1/19	Name of OSHA Monitor OMEGA ENVIRONMENTAL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 6 PM		Street Address 280 HUYLEN ST City, State, Zip Code SO HACKENSACK, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF			-	ROOFING MATERIAL	8400 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60 CTS	Name of Registered Landfill FEST BETHLEHEM LANDFILL					
City, State NEWARK NJ. 07105		Disposal Date 3/1/19		City, State BETHLEHEM, PA					
Completed by J. MAIORANO		Title ESTIMATOR		Signature J. MAIORANO		Date 1/30/19			



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

# 186

**PAID**

Date of Notification (1) 1/24/19		Name of Building Owner/Operator (2) COUNTRY CLASSICS/MONTGOMERY							
Agencies Notified	Type Notification	Street Address 36-BROWER LANE							
<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 HILLSBOROUGH, NJ 08844							
		Name of Contact DOMINIQUE MARCHIE	Telephone Number 908-359-3276						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 10-RAILEDGE ROAD		Type of Facility (4)							
Street Address 10-RAILEDGE ROAD		<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) HILLSBOROUGH, NJ		Square Feet 100	# of Floors 1						
County (6) SOMERSET		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SHED							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO CORP.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-491-0877						
		License No. 01240							
Start Date (10) 2/2/19	Scheduled Completion Date (11) 2/4/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SHED		X		EXTERIOR SIDING	140SF.	X			
SHED		X		ROOF	120SF.	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill					
City, State PO BOX 5760, NEWARK, NJ			Disposal Date	City, State BETHLEHEM, PA					
Completed by CARLOS GOMES		Title PRESIDENT	Signature 			Date 1/24/19			