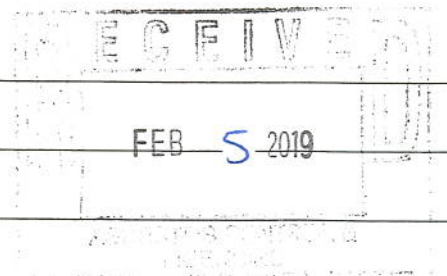


check sent 1-29-19

OK 7639

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



Date of Notification (1) 1/28/19		Name of Building Owner/Operator (2) Bestidia LLC							
Agencies Notified	Type Notification	Street Address 206 Ferry Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark NJ 07105							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Haley Rodack	Telephone Number 856-625-6417						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 108-110 Polk St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet	# of Floors 3						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Show Room							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies, Inc.						
Street Address 617 Stokes Rd Suite 318		Street Address 203 Pine St							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Mount Holly NJ 08060							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 888-715-2211	Telephone No. 609-702-1500						
License No. 01299									
Start Date (10) 2/4/19	Scheduled Completion Date (11) 2/5/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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	9x9 Tiles	200 SF				
Name of Registered Waste Hauler Active Environmental Technologies Inc		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 6	Name of Registered Landfill Modern					
City, State Mount Holly NJ		Disposal Date 1/31-2/5/19		City, State York PA					
Completed by NICHOLAS J. SMITH		Title DIRECTOR		Signature 		Date 1-28-19			

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

**PAID**

CK 4965

Date of Notification (1) <b>2/1/19</b>		Name of Building Owner/Operator (2) <b>MS. HAMILTON</b>						
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>						
		City, State, Zip Code <b>TEANECK, NJ, 07666</b>						
		Name of Contact <b>MS. HAMILTON</b>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MS. HAMILTON</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 <div style="background-color: black; height: 15px; width: 100%;"></div>		Square Feet <b>1800</b>	# of Floors <b>2</b>					
City (5) <b>TEANECK</b>		Bldg. Age <b>1940</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address <b>Best Removal Inc.</b>						
City, State, Zip Code		City, State, Zip Code <b>450 South River Street</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>2/13/19</b>	Scheduled Completion Date (11) <b>2/14/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM TO 5:00PM</b>		Street Address <b>280 Huyler Street</b>						
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  <b>BASEMENTS</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>THERMAL SYSTEM INSULATION</b>	Amount (Specify SF or LF)  <b>55 LF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/14/19</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>2/1/19</b>				

2019-01-31 15:36

Shade Environmental 1 &gt;&gt; 609 633 0664

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P 2/4

FEB 5 2019

CK 5447 PAID

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) Diocese of Camden	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 631 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Pat Williams Telephone Number 856-883-2847	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Saint Augustine Church		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 1313 Wesley Avenue		Square Foot 20,000	
City (5) Ocean City		# of Floors 2	
County (6) Cape May		Bldg. Age 100	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	
Street Address 1000 Maplewood Drive, Suite 207		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Maple Shade, NJ 08052		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Chris Macri		City, State, Zip Code Maple Shade, NJ 08052	
Telephone No. 856-765-8300		Telephone No. 856-765-0098	
Start Date (10) 01 / 31 / 19		License No. 00842	
Scheduled Completion Date (11) 02 / 04 / 19		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/1:00PM-1:00AM		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transite Panels	148 SF
Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pipe Insulation	3 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 18938	Cubic Yards of Waste 1	Name of Registered Landfill Cape May County Utilities Authority
City, State Freehold, NJ	Disposal Date 02/04/2019	City, State Woodbine, NJ	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 1/31/19

ASB-41  
JAN 13

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

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

FEB 5 2019

CK5444

Date of Notification (1) 01 / 31 / 19		Name of Building Owner/Operator (2) Our Lady of Good Counsel Church							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 42 West Main Street City, State, Zip Code Moorestown, NJ 08057 Name of Contact Robert Kopcho Telephone Number 856-235-0181 x 111							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Good Counsel Church		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 42 West Main Street		Square Feet 10,000	# of Floors 2						
City (5) Moorestown		Bldg. Age 80							
County (6) Burlington		County Code (7) (STATE USE ONLY) Church							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		Name of Abatement Contractor (9) Shado Environmental, LLC							
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-8300	License No. 00842						
Start Date (10) 02 / 01 / 19	Scheduled Completion Date (11) 02 / 04 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 10:00AM-5:00PM / _____ PM / _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 150 sf or ≥ 250 ft <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Rifiable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13838	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/04/2019	City, State Morrisville, PA						
Completed by (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 		Date 1/31/19				

ASB-41  
JAN 13

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

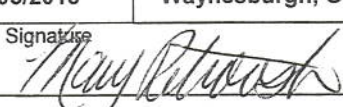
p 2/4

Shade Environmental 1 &gt;&gt; 609 633 0664

2019-01-31 10:32

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

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Date of Notification (1) <div style="text-align: center;">2 / 01 / 19</div>		Name of Building Owner/Operator (2) <b>Saint Clare's Dover Hospital</b>							
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 <b>400 West Blackwell</b>							
		City, State, Zip Code <b>Dover, NJ 07801</b>							
		Name of Contact <b>Christopher McIver</b>	Telephone Number <b>(973) 625-6165</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Clare's Dover Hospital Pharmacy</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>400 West Blackwell</b>									
City (5) <b>Dover, NJ 07102</b>		Square Feet <b>461,352</b>	# of Floors <b>4</b>						
		Bldg. Age <b>93</b>							
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, Inc.</b>		ASCM No. <b>29737</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>277 Fairfield Road, Suite 102</b>							
City, State, Zip Code <b>Sparta, NJ 07834</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Project Manager for Monitoring Firm <b>Bill Kerbel</b>	Telephone No. <b>973-729-5649</b>	Telephone No. <b>(973) 852-3444</b>	License No. <b>01349</b>						
Start Date (10) 2 / 02 / 19	Scheduled Completion Date (11) 02 / 03 / 19	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-6:00PM</b> / ____ PM - ____ AM		Street Address <b>277 Fairfield Road, Suite 102</b>							
		City, State, Zip Code <b>Fairfield, NJ 07004</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"/> 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) <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
3rd Floor Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>2/03/2018</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature 				Date <b>2/1/2019</b>			

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

OK 1547

PAID

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Date of Notification (1) <b>02 / 01 / 19</b>		Name of Building Owner/Operator (2) <b>Fiddler's Elbow Country Club</b>		FEB 5 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>811 Rattlesnake Bridge Road</b> City, State, Zip Code <b>Bedminster, NJ 07921-2824</b> Name of Contact <b>Dave Absher</b> Telephone Number <b>717-917-3054</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>811 Rattlesnake Bridge Road</b>			Square Feet						
City (5) <b>Bedminster</b>			# of Floors		Bldg. Age				
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCN No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		License No. <b>1188</b>					
Start Date (10) <b>02 / 02 / 19</b>		Scheduled Completion Date (11) <b>02 / 16 / 19</b>		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 type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>0283</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill/Fairless Landfill</b>				
City, State <b>Newark, 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>2/1/19</b>			

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

**PAID**

CK 1170

Date of Notification (1) 02/01/2019		Name of Building Owner/Operator (2) Isabella L Shao							
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 Perth Amboy, NJ, 08861							
		Name of Contact Isabella	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Perth Amboy		Bldg. Age							
County (6) Middlesex	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. 973-400-8711	License No. 01332						
Start Date (10) 02/12/2019	Scheduled Completion Date (11) 02/15/2019	Name of OSHA Monitor same as (9)							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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
Basement			x	Boiler insulation	20 SF	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 Fairless					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 02/01/2019			

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

Date of Notification (1)  
**2/1/2019**

Name of Building Owner/Operator (2)  
**LANXESS Solutions US Inc.**

**FEB 5 2019**

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Street Address  
**1020 Kings George Post Road**

City, State, Zip Code  
**Fords, NJ 08863**

Name of Contact  
**Lisa Daniels**

Telephone Number  
**732-306-4959**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
**LANXESS Solutions US Inc.**

Type of Facility (4)

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

Street Address  
**1020 Kings George Post Road**

City (5)  
**Fords**

Square Feet

# of Floors

Bldg. Age

County (6)  
**Middlesex**

County Code (7)  
(STATE USE ONLY) \_\_\_\_\_

Current Use (Prior if being demolished)  
**boiler house piping, processing plant & tanks**

Name of Monitoring Firm Hired by Building Owner (8)  
**Emilcott Associates, Inc.**

ASCM No.

Name of Abatement Contractor (9)

**Stryker Demolition & Environmental Services, LLC**

Street Address  
**190 Park Avenue**

Street Address  
**992 Old Eagle School Road, STE 910**

City, State, Zip Code  
**Morristown, NJ 07960**

City, State, Zip Code  
**Wayne, PA 19087**

Project Manager for Monitoring Firm  
**David Tomsey**

Telephone No.  
**973-538-1110**

Telephone No.  
**484-581-7428**

License No.  
**01286**

Start Date (10)  
**2/18/2019**

Scheduled Completion Date (11)  
**5/3/2019**

Name of OSHA Monitor  
**Stryker Demolition & Environmental Services, LLC**

Occupancy Status During Abatement (Check Only One)

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

Street Address  
**992 Old Eagle School Road, STE 910**

City, State, Zip Code  
**Wayne, PA 19087**

Scope of Work (Check All That Apply)

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

☐ Renovation  
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) <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
<b>#6 Fuel Line</b>		<b>X</b>		<b>Pipe Insulation (TSI)</b>	<b>197 LF</b>	<b>X</b>			

Name of Registered Waste Hauler  
**Horwith Trucks, Inc.**

NJDEP Waste Hauler ID No.  
**SW-1998**

Cubic Yards of Waste  
**30**

Name of Registered Landfill  
**Cumberland County Landfill**

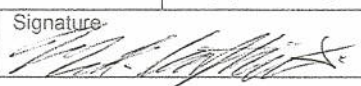
City, State  
**Northampton, PA**

Disposal Date  
**3/8/2019**

City, State  
**Shippensburg, PA**

Completed by  
**Mark Klotzbach**

Title  
**Vice President**

Signature  


Date  
**2/1/2019**

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PAID

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

FEB 5 2019

Date of Notification (1) 01 / 31 / 19		Name of Building Owner/Operator (2) Haddon Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 500 Rhoads Avenue City, State, Zip Code Westmont, NJ 08105 Name of Contact Michael Moore Telephone Number 856-868-7778							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Haddon Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 406 Memorial Avenue		Square Feet 80,000	# of Floors 2						
City (5) Westmont		Bldg. Age 90							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1830 Brown Road	City, State, Zip Code Newfield, NJ 08344	Street Address 523 Cutler Avenue	City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Jim Eberts	Telephone No. 856-206-1077	Telephone No. 856-755-0089	License No. 00842						
Start Date (10) 02 / 01 / 19	Scheduled Completion Date (11) 02 / 04 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30 PM-12:30 AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 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	Enclose
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartago		NJDEP Waste Hauler ID No. 16839	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/04/2019	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 		Date 1/31/19				

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JAN 13

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

7/2 d

Shade Environmental 1 &gt;&gt; 609 633 0664

2019-01-31 10:02

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

Date of Notification (1) 1/30/2019		Name of Building Owner/Operator (2) Twenty Five and Seven Pine Street, LLC							
Agencies Notified	Type Notification	Street Address 1360 Clifton Avenue #338							
<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 Clifton, NJ 07012							
		Name of Contact Joseph Vurchio	Telephone Number 732-272-2973						
<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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,500	# of Floors 2						
City (5) Verona		Bldg. Age 118							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Residence							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, INC						
Street Address 20-21 Wagraw Road, Building 35E		Street Address 1360 Clifton Avenue Unit 365							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-450-9500						
License No. 01036									
Start Date (10) 2/11/2019	Scheduled Completion Date (11) 2/25/2019	Name of OSHA Monitor Incinia Contracting, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartment 2B - Living Room		X		Wall and Ceiling Plaster	650 SF	X			
Apartment 2B - Bedroom		X		Wall and Ceiling Plaster	420 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Sean Zoric		Title President	Signature <i>Sean Zoric</i>			Date 1/30/2019			

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

FEB 5 2019

Date of Notification (1) 1-31-19		Name of Building Owner/Operator (2) DEBORAH KEISLER							
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	City, State, Zip Code WILLINGBORO NJ 08046							
		Name of Contact DEBORAH KEISLER	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WILLINGBORO		Square Feet 1200	# of Floors 2						
County (6)		Bldg. Age NA							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION						
Street Address PO BOX 11645		Street Address PO BOX 11587							
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116							
Project Manager for Monitoring Firm JASO		Telephone No. 267-784-4693	License No. 01276						
Start Date (10) 2-5-19		Scheduled Completion Date (11) 2-6-19							
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 ST.							
		City, State, Zip Code PHILA PA 19116							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
LIVING ROOM & HALL			✓	FLOOR TILE	500	✓			
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 2-6-19		City, State BIRDSBORO PA					
Completed by E. DUA		Title V. PRES	Signature 		Date 1-31-19				

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

**Check 18524 PAID**

**Check 18524**

**RECEIVED**  
**FEB 5 2019**

Date of Notification (1) 2/1/19		Name of Building Owner/Operator (2) Tobar Excavating, Inc.							
Agencies Notified	Type Notification	Street Address 385 High Street •							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Norwood, NJ 07648							
		Name of Contact Thomas Locovare	Telephone Number 973-332-3024						
<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) Norwood		Bldg. Age 72							
County (6) Bergen	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) 3/1/19	Scheduled Completion Date (11) 3/8/19	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: exterior		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	2,000 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling	NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill						
City, State Bridgewater, NJ	Disposal Date TBD	City, State Easton PA							
Completed by A. Scott Higgins	Title President	Signature 	Date 2/1/19						

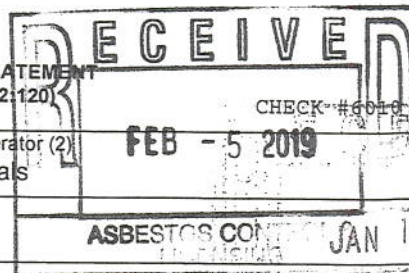
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 2-1-2019		Name of Building Owner/Operator (2) Joe Barchetto C/O Just Us Realty		FEB 5 2019					
Agencies Notified	Type Notification	Street Address 38 Banquet Court		City, State, Zip Code Howell, NJ 07731					
<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	Name of Contact Joe Barchetto		Telephone Number 973-886-4796					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 62 Park Avenue			Square Feet 3624	# of Floors 2	Bldg. Age 119+				
City (5) Rutherford, NJ 07070			Current Use (Prior if being demolished)						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 2-11-2019		Scheduled Completion Date (11) 2-12-2019		Name of OSHA Monitor Green Environmental Services, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 235 Virginia Avenue						
			City, State, Zip Code Jersey City, NJ 07304						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	170 LF	X			
Basement		X		Boiler Insulation	40 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 2-12-2019	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 2-1-2019			

PAID

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



Date of Notification (1) 01-02-19		Name of Building Owner/Operator (2) Janssen Pharmaceuticals		CHECK # 6010 FEB - 5 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Route 202 South City, State, Zip Code Raritan, NJ 08869 Name of Contact Carlos Gonzalez Telephone Number (908) 872-3365					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1000 Route 202			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.)						
City (5) Raritan			Square Feet	# of Floors	Bldg. Age 44 yrs.				
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigators, Inc.		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. (973) 651-1040		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 01-07-19		Scheduled Completion Date (11) 08-31-19		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101					
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 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
Bldg. B: 1st Floor East Wing			x	Transite	3,530SF	x			
Bldg. B: 1st Floor East Wing			x	Transite Countertop	195SF	x			
Bldg. B: 1st Floor East Wing			x	VAT/Mastic	12,820SF	x			
Bldg. B: 2nd Floor East Wing			x	ACM paint on sink	10SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Richard Doran		Title Project Manager		Signature 		Date 01-02-19			

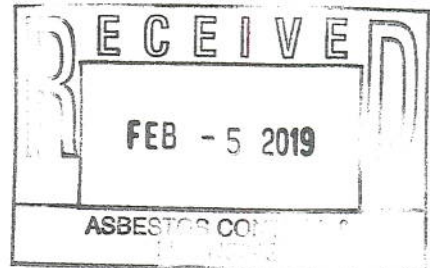
RECEIVED  
JAN 14 2019

Title Of Project: 1000 Route 202, Raritan, NJ 08869

Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Bldg. B: 2nd Floor East Wing	N/A	Transite	3,075SF	Removal
Bldg. B: 2nd Floor East Wing	N/A	Transite Countertop	85SF	Removal
Bldg. B: 2nd Floor East Wing	N/A	VAT/Mastic	18,440SF	Removal
Bldg. B: 3rd Floor East Wing	N/A	Transite	1,075SF	Removal
Bldg. B: 3rd Floor East Wing	N/A	Transite Countertop	25SF	Removal
Bldg. B: 3rd Floor East Wing	N/A	VAT/Mastic	7,800SF	Removal



CK 6378

PAID

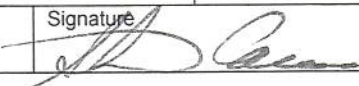
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

FEB 5 2019

Date of Notification (1) 2/4/2019		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
Agencies Notified	Type Notification	Street Address EA McMillian Building							
<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 Princeton, NJ 08544							
		Name of Contact Ryan Dickerson	Telephone Number 609-258-6911						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bainbridge House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 158 Nassau Street		Square Feet 7500	# of Floors 4						
City (5) Princeton		Bldg. Age 250							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, inc.		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1253 North Church Street		Street Address 303 B National Road							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 856-840-8800	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 2-18-2019	Scheduled Completion Date (11) 3-01-19	Name of OSHA Monitor EMSL							
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>Work area regulated</u>		Street Address 200 U.S. 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Windows		x		Caulk & Glazing	610 lf	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 30	Name of Registered Landfill Grows					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature <i>Joe White</i>			Date 2/7/2019		

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

Date of Notification (1) 02/01/2019		Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company		FEB 5 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 974 Centre Road P.O. Box 2915					
		City, State, Zip Code Wilmington, DE 19805		Telephone Number 856-276-9224					
		Name of Contact Bryan Mumink							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) DuPont Chambers Works - Building 1076			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 Canal Road			Square Feet 7500	# of Floors 2	Bldg. Age 50+				
City (5) Deepwater			Current Use (Prior if being demolished) Chemical Plant						
County (6) Salem		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No.		Name of Abatement Contractor (9) Brandenburg Industrial Service Company					
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333		Telephone No. 610-691-1800	License No. 00721				
Start Date (10) 02/18/2019		Scheduled Completion Date (11) 03/14/2019		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: DEMO- 03/18/2019-03/28/2019			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 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 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
Throughout			X	Floor Tile/Mastic	700 SF	X			
Throughout			X	Pipe Fittings	25 EA	X			
Throughout			X	Mortar	5700 SF	X			
Throughout			X	Fire Doors	60 SF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838		Cubic Yards of Waste 120	Name of Registered Landfill Salem County Improvement Authority				
City, State Bethlehem, PA		Disposal Date 2/19/19-3/18/19		City, State Alloway NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 02/01/19			

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

B & G proj. #:

2019-29

**PAID**

Check # 9128

Date of Notification (1)

02/01/19

Name of Building Owner/Operator (2)

Justin & Felicia Ramos

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address

City, State, Zip Code

Essex Fells, NJ 07021

Name of Contact

Justin & Felicia Ramos

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Justin & Felicia Ramos

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

City (5)

Essex Fells

County (6)

Essex

County Code (7)

(State use only)

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

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

02/11/2019

Sched. Completion Date (11)

02/12/2019

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☐ wrap & cut

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovebag procedure

☐ Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing  
material (ACM)

Amount  
(Specify SF or  
LF)

R e m o v e	R e p a i r	E n c a p	E n c l
<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 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"/>

basement boiler room adj  
to the electric panel

☐ ☐ ☒

pipe insulation

6 LF

basement boiler room adj  
to the electric panel

☐ ☐ ☒

fittings

2 fittings

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
02/12/2019

City, State  
Pen Argyl, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

*Gordana Luna*

Date  
02/01/2019

CK 9126  
B & G proj. #: 2019-26

PAID

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

Check # 9126

Date of Notification (1) 02/01/19		Name of Building Owner/Operator (2) Oakland Public Schools	
Agencies Notified	Type Notification	Street Address 315 Ramapo Valley Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Oakland, NJ 07436	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Thomas Venanzi	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-337-6156	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Heights Elementary School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 114 Seminole Avenue			Square Feet # of Floors Bldg. Age		
City (5) Oakland	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Elementary school (sub chapter 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC		ASCM No. 127	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1248 Wrights Lane		Street Address 105 Ryerson Road		
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Matthew Abraham		Phone Number 610-996-3515	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 02/15/2019	Sched. Completion Date (11) 02/17/2019		Name of OSHA Monitor B & G 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: start at 4:00 pm		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
Store Room			<input checked="" type="checkbox"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/18/2019	City, State Pens Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 02/01/2019

From:

02/01/2018 14:26

#340 P 002/004

FEB 5 2019

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:18)

OK 1250 PAID

**DATE OF NOTIFICATION (1)**  
 2 / 01 / 18

**Name of Building Owner/Operator (2)**  
 Saint Michael's Medical Center

**Street Address**  
 111 Central Avenue

**City, State, Zip Code**  
 Newark, NJ 07102

**Name of Contact**  
 Christopher Melver

**Telephone Number**  
 (973) 825-6765

**APPROVED**

**Agencies Notified**  
☐ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
 (NJAC 5:23-6)

**Type Notification**  
☒ Initial  
☐ Amended  
 Amendment # \_\_\_\_\_  
☒ Emergency (including  
 justification)  
☐ Cancellation

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
 Saint Michael's Medical Center, C-Wing 3rd Floor Stairwell

**Street Address**  
 111 Central Avenue

**City (5)**  
 Newark, NJ 07102

**County (6)**  
 Essex

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

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

**Square Feet**  
 70,000

**# of Floors**  
 7

**Bldg. Age**  
 80

**Current Use (Prior if being demolished)**  
 Hospital

**Name of Monitoring Firm Hired by Building Owner (8)**  
 Environmental Health Investigations, Inc.

**ASCM No.**  
 28737

**Name of Abatement Contractor (9)**  
 SAI Environmental Services, LLC

**Street Address**  
 277 Fairfield Road, Suite 102

**City, State, Zip Code**  
 Fairfield, NJ 07004

**Project Manager for Monitoring Firm**  
 Bill Kerbel

**Telephone No.**  
 973-729-5648

**Telephone No.**  
 (973) 852-3444

**License No.**  
 01349

**Start Date (10)**  
 2 / 02 / 18

**Scheduled Completion Date (11)**  
 02 / 03 / 18

**Name of OSHA Monitor**  
 SAI Environmental Services, LLC

**Occupancy Status During Abatement (Check only one)**  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Facility Hours - Describe  
 Time of Abatement: 7:00AM-9:00PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

**Street Address**  
 277 Fairfield Road, Suite 102

**City, State, Zip Code**  
 Fairfield, NJ 07004

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

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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
C-Wing 3rd Floor Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	22 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**  
 Service Transport Group, Inc.

**NJDEP Waste  
 Hauler ID No.**  
 SW2117

**Cubic Yards of  
 Waste**  
 2

**Name of Registered Landfill**  
 Minerva Landfill

**City, State**  
 New Castle, DE

**Disposal Date**  
 2/03/2018

**City, State**  
 Waynesburgh, OH

**Completed By (Print or Type)**  
 Mary Petrovski

**Title**  
 Manager

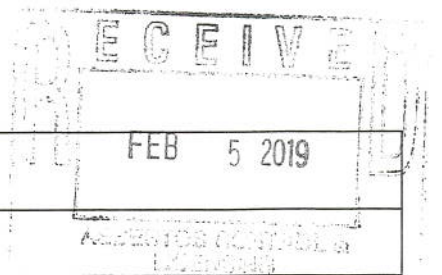
**Signature**  
 Mary Petrovski

**Date**  
 2/1/2018

ASB-41  
MAY 11

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

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



Date of Notification (1) <b>2 / 01 / 19</b>		Name of Building Owner/Operator (2) <b>Saint Michael's Medical Center</b>	
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 <b>111 Central Avenue</b>	
		City, State, Zip Code <b>Newark, NJ 07102</b>	
		Name of Contact <b>Christopher McIver</b>	Telephone Number <b>(973) 625-6165</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Saint Michael's Medical Center, C-Wing 3<sup>rd</sup> Floor Stairwell</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>111 Central Avenue</b>		Square Feet <b>70,000</b>	# of Floors <b>7</b>
City (5) <b>Newark, NJ 07102</b>		Bldg. Age <b>80</b>	
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, Inc.</b>		ASCM No. <b>29737</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>277 Fairfield Road, Suite 102</b>	
City, State, Zip Code <b>Sparta, NJ 07834</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>	
Project Manager for Monitoring Firm <b>Bill Kerbel</b>		Telephone No. <b>973-729-5649</b>	License No. <b>01349</b>
Start Date (10) <b>2 / 02 / 19</b>	Scheduled Completion Date (11) <b>02 / 03 / 19</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-6:00PM</b> / ____ PM- ____ AM		Street Address <b>277 Fairfield Road, Suite 102</b>	
		City, State, Zip Code <b>Fairfield, NJ 07004</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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>C-Wing 3rd Floor Stairwell</b>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>2</b>
City, State <b>New Castle, DE</b>		Name of Registered Landfill <b>Minerva Landfill</b>	
		Disposal Date <b>2/03/2018</b>	City, State <b>Waynesburgh, OH</b>
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature 	Date <b>2/1/2019</b>

From:

02/01/2019 15:23

#343 P.002/004

RECEIVED

FEB 10 DAY  
FEB 5 2019

OK 1251 PAID

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

Date of Notification (1) 2 / 01 / 19		Name of Building Owner/Operator (2) Saint Clare's Dover Hospital							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS <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 400 West Blackwell City, State, Zip Code Dover, NJ 07801 Name of Contact Christopher McIvar Telephone Number (973) 625-6165							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saint Clare's Dover Hospital Pharmacy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 400 West Blackwell		Square Feet 481,352	# of Floors 4						
City (5) Dover, NJ 07102		Bldg. Age 93							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. 29737	Name of Abatement Contractor (9) SAI Environmental Services, LLC						
Street Address 655 West Shore Trail		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Sparta, NJ 07834		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	Telephone No. (973) 852-3444						
License No. 01349									
Start Date (10) 2 / 02 / 19	Scheduled Completion Date (11) 02 / 03 / 19	Name of OSHA Monitor SAI Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM PM- AM		Street Address 277 Fairfield Road, Suite 102 City, State, Zip Code Fairfield, NJ 07004							
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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
3rd Floor Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 2/03/2018	City, State Waynesburgh, OH						
Completed By (Print or Type) Mary Petrovski		Title Manager	Signature <i>Mary Petrovski</i>	Date 2/1/2019					

ASB-41  
MAY 11

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