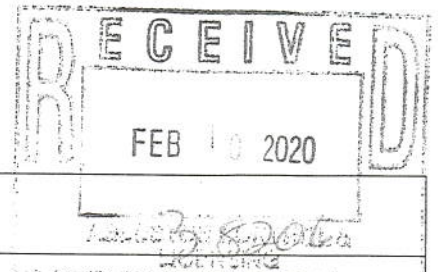


nv# 17966

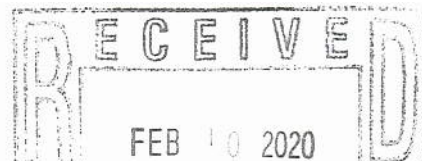
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK38200 PAID

Date of Notification (1) 02 / 05 / 20		Name of Building Owner/Operator (2) William Hodgson Builders, LLC.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 414 North 3 rd Street City, State, Zip Code Surf City, NJ 08008 Name of Contact William Hodgson Telephone Number 609-290-0854							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 sf							
City (5) Surf City		# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	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.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 02 / 17 / 20	Scheduled Completion Date (11) 02 / 18 / 20	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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 3	Name of Registered Landfill T.R.R.F.						
City, State Toms River, New Jersey		Disposal Date 02/18/20	City, State Tullytown, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]	Date 2/5/20						

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



Date of Notification (1) 02 / 05 / 20			Name of Building Owner/Operator (2) Monmouth County Park System						
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 805 Newman Springs Road City, State, Zip Code Lincroft, NJ 07738 Name of Contact John Eisemann					
				Telephone Number 732-766-1929					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Imlaystown				Square Feet 1700	# of Floors 3				
				Bldg. Age 90					
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) Environmental Tactics		ASCM No. 0045		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 64 Broad Street		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 02 / 06 / 20		Scheduled Completion Date (11) 02 / 21 / 20		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
3rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	50 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 02/21/20		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 2/5/20		

Check # 9444 For Additional Work Area Fees

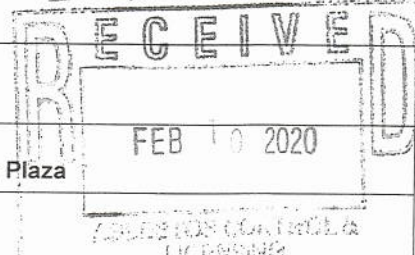
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

OK 9444 PAID

Inv# 17687

Date of Notification (1) 01 / 23 / 20		Name of Building Owner/Operator (2) County of Union	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Administration Building-Elizabethtown Plaza City, State, Zip Code Elizabeth, NJ 07207 Name of Contact Owers Agent - Ryan Jones, C.M. Telephone Number 609-276-7382	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County Courthouse - (Tower Building)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2 Broad Street		Square Feet 55,000	# of Floors 14
City (5) Elizabeth		Bldg. Age 80 + yrs.	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	

Name of Monitoring Firm Hired by Building Owner (8) T and M Associates		ASCM No. 00145	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address 1455 Broad St., Suite 250		Street Address 494 East 41st Street		
City, State, Zip Code Bloomfield, NJ 07003		City, State, Zip Code Paterson, NJ 07504		
Project Manager for Monitoring Firm Kevin Burns	Telephone No. 908-347-4396	Telephone No. 973-345-0022	License No. 00507	
Start Date (10) 02 / 10 / 20	Scheduled Completion Date (11) 02 / 03 / 21	Name of OSHA Monitor Same as above		

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-3:00PM/11:30pmPM-AM	Street Address City, State, Zip Code
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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
1 st Floor - Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor - Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 th & 7 th Floor - Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 th Floor - Court Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

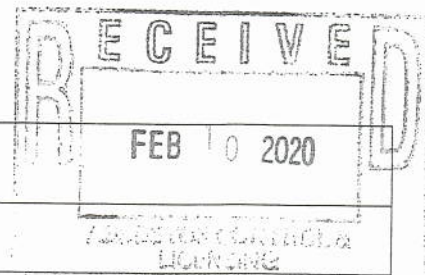
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S., North W/M of PA	
City, State Paterson, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Mgr.	Signature 		Date 1-23-20	

check # 1094

Inv # 17871

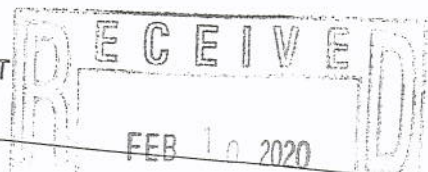
PAID

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



Date of Notification (1) 02 / 04 / 20		Name of Building Owner/Operator (2) Saint Peter's University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 254 Easton Avenue							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Ron Carvalho as Agent	Telephone Number (908) 208-3060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 254 Easton Avenue									
City (5) New Brunswick		Square Feet 500,000	# of Floors 6						
		Bldg. Age 75 + yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.							
Street Address 64 Broad Street		Street Address 104 Market Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Tom Geiger	Telephone No. 732-290-2217	Telephone No. 973-931-3293	License No. 01365						
Start Date (10) 01 / 23 / 20	Scheduled Completion Date (11) 06 / 30 / 20	Name of OSHA Monitor Same as above							
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: <u>AM-3:00pm</u> <u>PM/11:30pm</u> <u>PM</u> - <u>AM</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical textured Ceiling material	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" x 1" ceiling tile glue dots	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Fl. - Chapel Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222		Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. North W/M of PA				
City, State Newark, NJ		Disposal Date Feb. 2020		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>		Date 1-4-2020			

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



1086

Date of Notification (1)
12 / 20 / 19

Agencies Notified

- ☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

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

Name of Building Owner/Operator (2)
Saint Peter's University Hospital

Street Address
254 Easton Avenue
City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
Ron Carvalho as Agent

Telephone Number
(908) 208-3060

Name of Facility Where Abatement is Taking Place (3)
Saint Peter's University Hospital

Street Address
254 Easton Avenue

City (5)
New Brunswick

County (6)
Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet
500,000

of Floors
6

Bldg. Age
75 + yrs.

Current Use (Prior if being demolished)
Hospital

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Tactics, Inc.

ASCM No.
N/A

Name of Abatement Contractor (9)
MAK-B Pro, Inc.

Street Address
64 Broad Street

Street Address
104 Market Street

City, State, Zip Code
Matawan, NJ 07747

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Tom Geiger

Telephone No.
732-290-2217

Telephone No.
973-931-3293

License No.
01365

Start Date (10)
01 / 08 / 19

Scheduled Completion Date (11)
06 / 30 / 20

Name of OSHA Monitor
Same as above

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-3:30PM/ PM- AM

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Wing 1A

☐ ☒ ☐

Pipe Insulation

150 LF

☒ ☐ ☐ ☐

Wing 1A

☐ ☒ ☐

Acoustical Plaster Ceiling

300 SF

☒ ☐ ☐ ☐

☐ ☐ ☐

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Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No.
11222

Cubic Yards of Waste
5

Name of Registered Landfill
G.R.O.W.S. North W/M of PA

City, State
Newark, NJ

Disposal Date
January 2019

City, State
Morrisville, PA

Completed By (Print or Type)
Kiril Nestorov

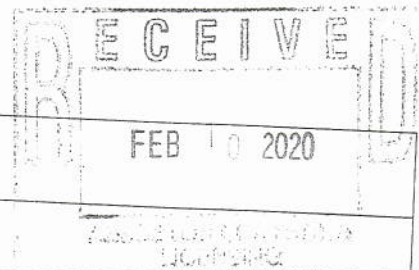
Title
Project Manager

Signature
Kiril Nestorov

Date
12-20-19

check # 1088

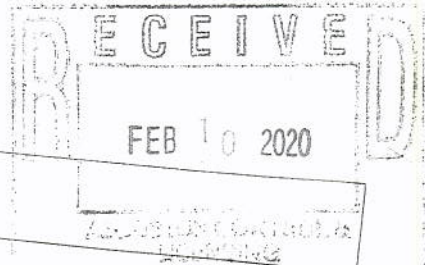
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 01 / 07 / 20		Name of Building Owner/Operator (2) Saint Peter's University Hospital		FEB 10 2020							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 254 Easton Avenue City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Ron Carvalho as Agent		Telephone Number (908) 208-3060							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 254 Easton Avenue				Square Feet 500,000							
City (5) New Brunswick				# of Floors 6							
County (6) Middlesex				Bldg. Age 75 + yrs.							
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A		Name of Abatement Contractor (9) MAK-B Pro, Inc.							
Street Address 64 Broad Street		Street Address 104 Market Street									
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026									
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		Telephone No. 973-931-3293							
Start Date (10) 01 / 20 / 20		Scheduled Completion Date (11) 06 / 30 / 20		License No. 01365							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3:30PM/ PM-12:00AM				Name of OSHA Monitor Same as above							
				Street Address							
				City, State, Zip Code							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Wing 1A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Insulation		750 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Acoustical textured Ceiling material		2,200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		1" x 1" ceiling tile glue dots		700 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222		Cubic Yards of Waste 20		Name of Registered Landfill G.R.O.W.S. North W/M of PA					
City, State Newark, NJ				Disposal Date Feb. 2020		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>				Date 1-7-2020			

Check # 1090

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



Date of Notification (1) 01 / 20 / 20		Name of Building Owner/Operator (2) Saint Peter's University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 254 Easton Avenue		City, State, Zip Code New Brunswick, NJ 08901							
Name of Contact Ron Carvalho as Agent		Telephone Number (908) 208-3060							
Name of Facility Where Abatement is Taking Place (3) Saint Peter's University Hospital									
Street Address 254 Easton Avenue		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.)							
City (5) New Brunswick		Square Feet 500,000	# of Floors 6						
County (6) Middlesex		Bldg. Age 75 + yrs.							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		Current Use (Prior if being demolished) Hospital							
Street Address 64 Broad Street		Name of Abatement Contractor (9) MAK-B Pro, Inc.							
City, State, Zip Code Matawan, NJ 07747		Street Address 104 Market Street							
Project Manager for Monitoring Firm Tom Geiger		City, State, Zip Code Garfield, NJ 07026							
Start Date (10) 01 / 23 / 20		Telephone No. 732-290-2217	License No. 01365						
Scheduled Completion Date (11) 06 / 30 / 20		Name of OSHA Monitor Same as above							
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: 7:00AM-3:30pm PM- PM- AM		Street Address							
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"/> 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
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	750 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical textured Ceiling material	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing 1A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1" x 1" ceiling tile glue dots	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. North W/M of PA					
City, State Newark, NJ		Disposal Date Feb. 2020		City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>		Date 1-20-2020			

INV# 179147

OK 9435 PAID

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

Print Form

RECEIVED

FEB 10 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2-5-2020		Name of Building Owner/Operator (2) Urban Edge Properties	
Agencies Notified	Type Notification	Street Address 210 Route 9	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Paramus NJ 07652	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jennifer Nicodemus	Telephone Number 201-591-3413

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burger King		Type of Facility (4)	
Street Address 739 Route 440 South		<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	Square Feet 3387	# of Floors 1	Bldg. Age 1985
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Closed	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SCE Environmental	
Street Address		Street Address 1380 Mt Cobb Rd		
City, State, Zip Code		City, State, Zip Code Lake Ariel PA 18436		
Project Manager for Monitoring Firm		Telephone No. 570 383 4151	Telephone No.	License No. 61216
Start Date (10) 2-18-2020	Scheduled Completion Date (11) 2-20-2020	Name of OSHA Monitor SCE Environmental		
Occupancy Status During Abatement (Check Only One)		Street Address 1380 Mt Cobb Rd		
<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 Lake Ariel PA 18436		

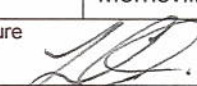
Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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 Flashing	50 SF	X			
Roof West Side			X	Roof Membrane	90 SF	X			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.5	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by Marion Wheeler	Title Project Manager	Signature [Signature]	Date 2-6-2020		

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

Inv # 17883
PAID
Chk # 1193

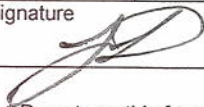
Date of Notification (1) 02/05/2020		Name of Building Owner/Operator (2) Jeff Jones		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 10 2020 </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> 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 Wood-Ridge, NJ 07075 Name of Contact Jeff Jones							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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) Wood-Ridge		Square Feet 1,308	# of Floors 1	Bldg. Age 1941					
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) Danvic Contracting LLC					
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 02/15/2020		Scheduled Completion Date (11) 02/17/2020		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<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 Union, NJ 07083					
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) <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
Sunroom			X	VAT	80 SF	X			
Basement			X	VAT	380 SF	X			
Basement			X	Pipe Insulation	60 LF	X			
Garage			X	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature 		Date 02/05/2020			

Inv# 17878

PAID

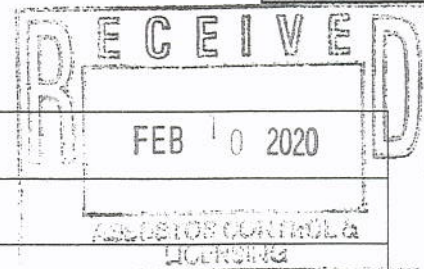
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

chk# 1192

Date of Notification (1) 02/04/2020		Name of Building Owner/Operator (2) Sonya Snyder		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 10 2020 </div>					
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 Newark, NJ 07107 Name of Contact Sonya Snyder Telephone Number [REDACTED]			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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 1,814 # of Floors 2 Bldg. Age 1957					
City (5) Newark		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) Danvic Contracting LLC					
Street Address		City, State, Zip Code		Street Address 240 South 5th St. City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123 License No. 01355					
Start Date (10) 02/05/2020		Scheduled Completion Date (11) 02/07/2020		Name of OSHA Monitor Iris Environmental Laboratories, 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: OCCUPIED				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"/> ≥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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature 		Date 02/04/2020			

Inv# 17949
OK 3330 PAID

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



Date of Notification (1) 2-4-2020		Name of Building Owner/Operator (2) Najjar Development Group, LLC							
Agencies Notified	Type Notification	Street Address 373 4th Street							
<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 Jersey City, NJ							
		Name of Contact Mike Ferraro	Telephone Number 973-991-1173						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 5000	# of Floors 2						
City (5) Jersey City, NJ 07305		Bldg. Age 75+							
County (6) Hudson	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) 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. 201-333-8855	License No. 01174						
Start Date (10) 2-14-2020	Scheduled Completion Date (11) 2-18-2020	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 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) 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		Roofing Material	800 SF	X			
Wall to basement		X		Plaster	900 SF	X			
Bathroom		X		VAT	50 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 2-18-2020	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>	Date 2-4-2020					

6617 - NJ

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification
Check #: 7631

Date of Notification (1)

02/03/20

Name of Building Owner/Operator (2)

County of Hudson

Street Address

567 Pavonia Ave., 3rd Floor

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Ralph Sax

Telephone Number

201-369-2777 x.2987

Agencies Notified

Type Notification

☒ EPA☒ DEP☒ DOL☒ DOH☐ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

William J. Brennan Courthouse

Street Address

583 Newark Avenue

City (5)

County (6)

Jersey City, NJ 07306

Hudson

Name of Monitoring Firm Hired by Building Owner (8)

Whitman Companies, Inc.

Street Address

7 Pleasant Hill Rd.

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm

Telephone Number

Kevin Lovely

Scheduled Start Date (10)

02/18/20

Sched. Completion Date (11)

02/26/20

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: occupied building

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

50,000

9

50

Current Use (Prior if being demolished)

Administration Building

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

☐ Demolition☐ >3 sf or >3 lf☒ >160 sf or >260 lf☒ Renovation☐ Full Containment with Negative Pressure☐ Mini-Enclosure☐ Glovebag Procedure☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
3rd Floor Library - 2 Storage Rooms		<input checked="" type="checkbox"/>		VAT	1,400 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Four Strong Builders, Inc.

12609

G.R.O.W.S., Inc.

City, State

Disposal Date

City, State

Clifton, NJ

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

Bilyana Kulakovska

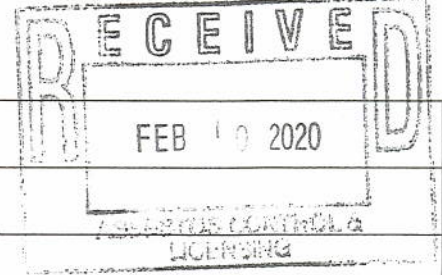
Office Administrator

2/3/20

ASB-41
JUN 95

G4667

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



Date of Notification (1) 2/4/2020		Name of Building Owner/Operator (2) Boguslaw Kobus							
Agencies Notified	Type Notification	Street Address 75 Church Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Franklin NJ 07416							
		Name of Contact Boguslaw Kobus	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Immaculate Conception Church		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 75 Church Street		Square Feet	# of Floors						
City (5) Franklin NJ 07416		Bldg. Age							
County (6) Sussex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave.							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2018999008						
			License No. 01336						
Start Date (10) 2/15/2020	Scheduled Completion Date (11) 3/12/2020	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 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		white duct tape	20 lf	X			
2nd floor bedroom		X		gray plaster /wall joins	160 sf	X			
Roof		X		black flashing	78	X			
Basement		X		elbows	12 lf	X			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 0037991		Cubic Yards of Waste N/A	Name of Registered Landfill Waste Management - Fairless Landfill				
City, State Clifton NJ 07011				Disposal Date N/A	City, State Morrisville, PA 19067				
Completed by Darko Ralosko		Title Project Manager		Signature 		Date 2/4/2020			

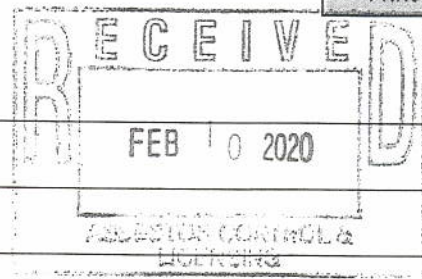
Inv# 17953

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Print Form

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



Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) H AND E MANAGEMENT	
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 PO BOX 3182
			City, State, Zip Code WEEHAWKEN NJ 07086
		Name of Contact HERMAN FREIDMAN	Telephone Number 201-759-8786

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 7002 Blvd East		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 7002 Blvd East		Square Feet	# of Floors
City (5) Guttenberg		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential building	
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) 02/20/20	Scheduled Completion Date (11) 02/20/20	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 type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

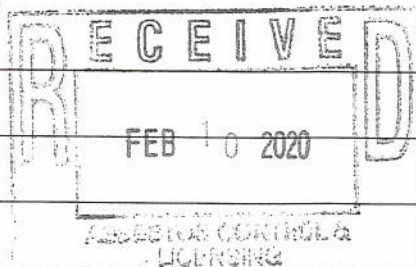
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit 17H				MASTIC	1000SF			x	

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 02/20/20		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 02/07/20

Inv# 17954

Print Form

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



Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) H AND E MANAGEMENT							
Agencies Notified	Type Notification	Street Address PO BOX 3182							
<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 WEEHAWKEN NJ 07086							
		Name of Contact HERMAN FREIDMAN	Telephone Number 201-759-8786						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 7000 Blvd East		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 7000 Blvd East		Square Feet	# of Floors						
City (5) Guttenberg		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential building							
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. 732-668-9078	License No. 1200						
Start Date (10) 02/19/20	Scheduled Completion Date (11) 02/19/20	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 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 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
Unit 49L, 27A				MASTIC	1000SF			x	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 02/19/20	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 02/07/20			

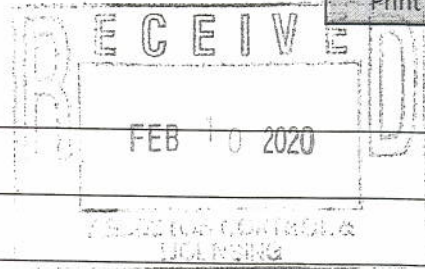
Inv# 17955

CK1479

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

Print Form



Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) H AND E MANAGEMENT							
Agencies Notified	Type Notification	Street Address PO BOX 3182							
<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 WEEHAWKEN NJ 07086							
		Name of Contact HERMAN FREIDMAN	Telephone Number 201-759-8786						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 7004 Blvd East		Type of Facility (4)							
Street Address 7004 Blvd East		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Guttenberg		Square Feet	# of Floors Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential building							
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. 732-668-9078	License No. 1200						
Start Date (10) 02/20/20	Scheduled Completion Date (11) 02/20/20	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 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
Units 5E, 27H				MASTIC	1000SF			x	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 02/20/20		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 02/07/20		

Inv# 17938

RECEIVED Print Form

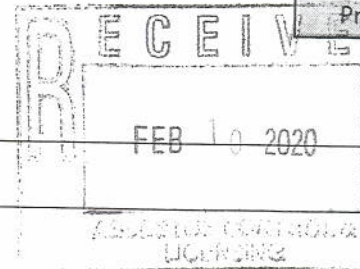
FEB 10 2020

PAID

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

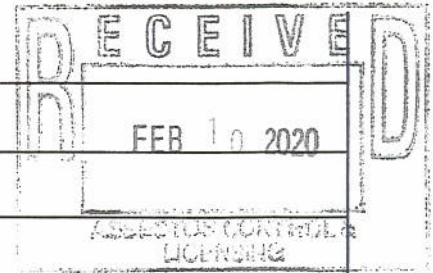
Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) Alan Finkelstein						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Teaneck, NJ Name of Contact Alan Finkelstein						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Teaneck		Square Feet	# of Floors					
County (6) Bergen		Bldg. Age						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 02/12/20	Scheduled Completion Date (11) 02/13/20	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 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) <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
INTERIOR				150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI				
City, State NEWARK, NJ			Disposal Date 02/13/20	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 02/07/20			

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



Date of Notification (1) 02/07/20		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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
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) Toms River, NJ		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		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) 02/21/20		Scheduled Completion Date (11) 02/24/20							
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 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
INTERIOR				FLOOR TILE & MASTIC	90SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 02/24/20		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 02/07/20			

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



Date of Notification (1)

2 / 6 /20

Name of Building Owner/Operator (2)
HACKENSACK MERIDIAN HEALTH

Street Address

1 HOSPITAL PLAZA

City, State, Zip Code

OLD BRIDGE, NEW JERSEY 08857

Name of Contact

ROBERTO RODRIGUEZ

Telephone Number

732-360-1000

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RARITAN BAY MEDICAL CENTER

Type of Facility (4)

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

Street Address

1 HOSPITAL PLAZA

Square Feet

250,000

of Floors

5

Bldg. Age

60

City (5)

OLD BRIDGE

County (6)

MIDDLESEX

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

Current Use (Prior if being demolished)

HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS, INC.

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2217

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

2 / 17 /2020
Month Day Year

Sched. Completion Date (11)

5 / 30 /2020
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Full Containment
☐ 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
1st Floor -Old Surgery Section			x	VAT & Mastic	1,200 SF	x			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY

Disposal Date
2/17/20-05/30/2020

City, State
PLAINFIELD TOWNSHIP, PENNSYLVANIA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

[Signature] **Date** 2/6/20

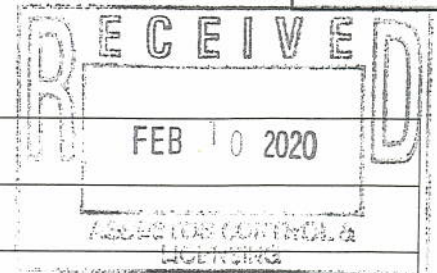
Inv# 17957

Print Form

CKW423

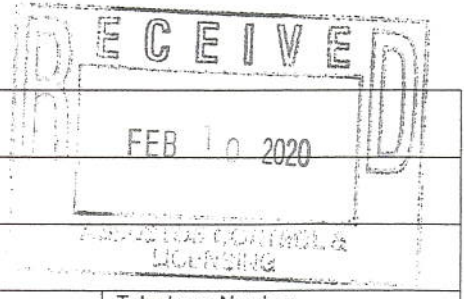
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



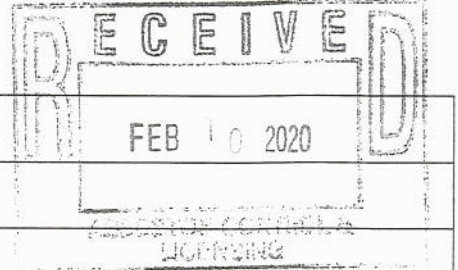
Date of Notification (1) 02/06/2020		Name of Building Owner/Operator (2) Amit Easow							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Haddonfield, NJ 08033							
		Name of Contact Amit Easow	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Easow 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) Haddonfield		Square Feet 1,200	# of Floors 2						
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Bldg. Age 66						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 02/21/2020	Scheduled Completion Date (11) 02/21/2020	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 Laundry Room		X		Floor Tile	35 SF	X			
Basement along Rear Wall		X		Floor Tile	18 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/21/2020		City, State Morrisville, PA					
Completed by Christina Fay		Title VP of Operations		Signature <i>Christina Fay</i>		Date 02/06/2020			

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



Date of Notification (1) 1/31/2020		Name of Building Owner/Operator (2) MIKE WOWKUN							
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 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 Hasbrouck Heights, NJ 07604							
		Name of Contact MIKE WOWKUN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MIKE WOWKUN'S PRIVATE RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Hasbrouck Heights		Bldg. Age							
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD PROPERTY MAINTENANCE, LLC						
Street Address		Street Address 105 Van Riper Ave,							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 02/01/2020	Scheduled Completion Date (11) 02/20/2020	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	40 LF	X			
BASEMENT		X		VAT	480 SF	X			
Name of Registered Waste Hauler MKD PROPERTY MAINTENANCE, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste N/A	Name of Registered Landfill Waste Management - Fairless Landfill					
City, State Clifton, NJ 07011			Disposal Date N/A	City, State Morrisville, PA 19067					
Completed by DARKO RALOSKI		Title PROJECT MANAGER	Signature 	Date 1/31/2020					

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



Date of Notification (1) 02/04/2020		Name of Building Owner/Operator (2) Robert Durso							
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	City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Robert Durso							
		Telephone Number							
FACILITY INFORMATION									
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) Woodbridge		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		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.	License No.						
		973-345-8685	01311						
Start Date (10) 02/14/2020	Scheduled Completion Date (11) 02/15/2020	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		Transit Siding	1000 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature		Date 02/04/2020			

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

Inv# 17825

Date of Notification (1)
02/04/2020Name of Building Owner/Operator (2)
Teaneck Public Schools

Check No. 1575

FEB 10 2020

Agencies Notified

☐ EPA
☒ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

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

Street Address

300 Glenpointe Centre ("East" building -7th Floor)

City, State, Zip Code

Teaneck, New Jersey 07666

Name of Contact

Telephone Number
201-833-5508

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Teaneck High School

Type of Facility (4)

☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address
100 Elizabeth AvenueCity (5)
Teaneck, New Jersey 07666Square Feet
15000# of Floors
1Bldg. Age
50+County (6)
BergenCounty Code (7)
(STATE USE ONLY)Current Use (Prior if being demolished)
High SchoolName of Monitoring Firm Hired by Building Owner (8)
Environmental Design, Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich CorporationStreet Address
5434 King Ave - Suite 101Street Address
246 Union BoulevardCity, State, Zip Code
Pennsauken, New Jersey 08109City, State, Zip Code
Totowa, New Jersey 07512Project Manager for Monitoring Firm
Tom PrunoTelephone No
888-306-4545Telephone No.
973-225-8400License No.
01104Start Date (10)
02/08/2020Scheduled Completion Date (11)
02/10/2020Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____
Street Address
2333 Route 22 WestCity, State, Zip Code
Union, NJ 07083

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
☐ Glove Bag Procedure / Limited Containment & Tent
☐ 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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vestibule between Girl's LR & Cranford Gym		X		Asbestos pipe/ Insulation (wrap cut)	54 LF	X			

Name of Registered Waste Hauler

Lilich Corporation

NJDEP Waste
Hauler ID No.
18724Cubic Yards
of Waste
1

Name of Registered Landfill

Fairless Landfill

City, State
Totowa, New JerseyDisposal Date
02/10/2020City, State
Morrisville, PACompleted by
Adriana OlejarovaTitle
President

Signature

Date
02/04/2020

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

DOL 10 DAY

Date of Notification (1) 02/04/2020		Name of Building Owner/Operator (2) Teaneck Public Schools		Check No. 1575	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 Glenpointe Centre ("East" building - 7th Floor) City, State, Zip Code Teaneck, New Jersey 07666 Name of Contact Telephone Number 201-833-5506	

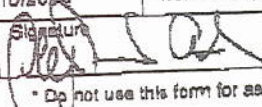
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Teaneck 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 & commercial buildings, homes, etc.)		
Street Address 100 Elizabeth Avenue			Square Feet 15000	# of Floors 1	Bldg Age 50+
City (5) Teaneck, New Jersey 07666			Current Use (Prior if being demolished) High School		
County (6) Bergen		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Lilich Corporation		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.			ASCM No.		
Street Address 5434 King Ave - Suite 101			Street Address 246 Union Boulevard		
City, State, Zip Code Pennsauken, New Jersey 08109			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-308-4545	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 02/05/2020		Scheduled Completion Date (11) 02/10/2020		Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

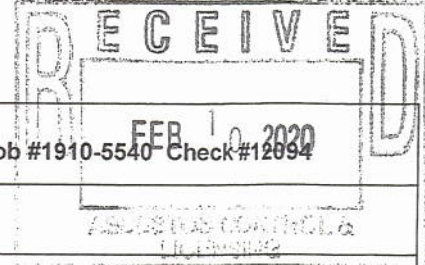
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 150 sf or ≥ 280 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vestibule between Girl's LR & Cranford Gym		X		Asbestos pipe/insulation (wrap cut)	54 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey	Disposal Date 02/10/2020		City, State Morriseville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 02/04/2020

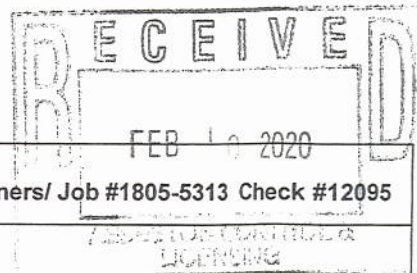
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INVT 17881
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 2 / 6 / 20		Name of Building Owner/Operator (2) Port Authority of NY & NJ/ BMW / Job #1910-5540 Check #12094							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Colony Road City, State, Zip Code Jersey City, NJ Name of Contact John Scott Telephone Number 201-744-9200 ext. 247							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BMW Site		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 20 Colony Road		Square Feet							
City (5) Jersey City		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No.							
Street Address 270 S Sparta Avenue #304		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Sparta, NJ 07871		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm JP von Doeheren		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 973-729-5649		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 2 / 15 / 20		Scheduled Completion Date (11) 3 / 1 / 20							
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/ ____ PM- ____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 3/1/20		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 2-6-20			

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



CK 12095

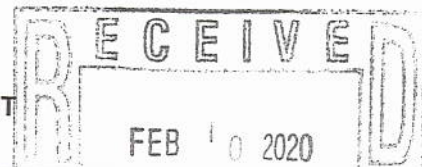
Inv# 17984

Date of Notification (1) <div style="text-align: center;">2 / 6 / 20</div>		Name of Building Owner/Operator (2) Passaic Valley Sewerage Commissioners/ Job #1805-5313 Check #12095							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 600 Wilson Avenue City, State, Zip Code Newark, NJ 07105							
		Name of Contact Alex Ajith	Telephone Number 716-536-6775						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PVSC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 600 Wilson Avenue									
City (5) Newark, NJ		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Plant							
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Nora Pearse		Telephone No. 609-298-4070	License No. 00529						
Start Date (10) <div style="text-align: center;">2 / 18 / 20</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 28 / 20</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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
Electric Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/28/20		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 2-6-20		

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2-5569 Check #
ASASIOS CONTROL &
LIM. S. DE

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



Date of Notification (1) <u>1</u> / <u>31</u> / <u>20</u>		Name of Building Owner/Operator (2) Guenther Mill Urban Renewal LLC Job Number: 1612-2144 Check#NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Wilsey Square City, State, Zip Code Ridgewood NJ 07450							
		Name of Contact Robert Verrengia	Telephone Number 201-447-7044						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commerical Property		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 69 King Street									
City (5) Dover	Square Feet 219,388	# of Floors 4	Bldg. Age 110						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.							
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Thorofare, NJ 08086		Street Address 1835 Underwood Blvd							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400						
Start Date (10) <u>2</u> / <u>10</u> / <u>20</u>		License No. 00862							
Scheduled Completion Date (11) <u>2</u> / <u>12</u> / <u>20</u>		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Floor tile	945 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 Asbestos and Mold Services		NJDEP Waste Hauler ID No. 00035680		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Delran, NJ		Disposal Date 2/12/20		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 2/17/20			

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

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Inv# 1719
CK2282

Date of Notification (1) 2 / 7 / 20		Name of Building Owner/Operator (2) Echo Lake Country Club / Job #2002-2545 Chk. #2282	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 515 Springfield Avenue	
		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact John Leshner	Telephone Number 908-233-9147

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Echo Lake Country Club		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 515 Springfield Avenue			
City (5) Westfield	Square Feet 20000	# of Floors 2	Bldg. Age 1913
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Country Club	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 1600 Rte 22 East		Street Address 1835 Underwood Blvd Suite 1	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Delran, NJ 08075	
Project Manager for Monitoring Firm Mark Perlmutter	Telephone No. 908-688-7800	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 2 / 17 / 20	Scheduled Completion Date (11) 2 / 19 / 20	Name of OSHA Monitor EMSL Analytical, 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 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

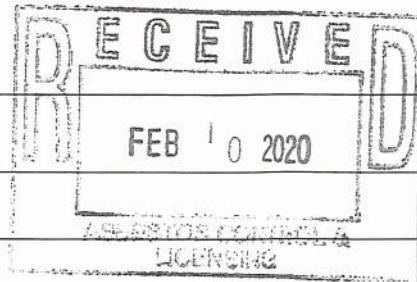
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	250 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 Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Delran, NJ		Disposal Date 2/19/20	City, State Penn Argyle, PA		
Completed By (Print or Type) Kaysi Gruner	Title Office Assistant	Signature <i>[Signature]</i>	Date 2/17/20		

Inv# 17978

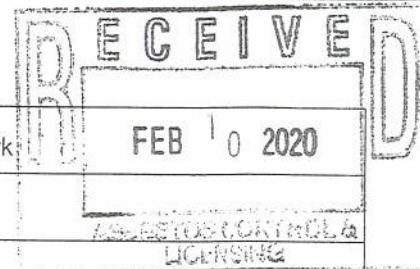
CK 1459 PAID

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



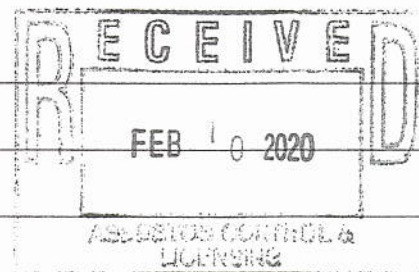
Date of Notification (1) 02 / 07 / 20		Name of Building Owner/Operator (2) Temple Sharey Tefilo-Israel							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 432 Scotland Road City, State, Zip Code South Orange, NJ 07079 Name of Contact Beth Blackman Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 432 Scotland Road		Square Feet							
City (5) South Orange		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.							
Street Address 4 Beaverbrook Road, Suite 130		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-650-0932		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 02 / 18 / 20		Scheduled Completion Date (11) 03 / 31 / 20							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Classroom #28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster base on ceiling	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster base on ceiling	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster base on ceiling	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom #28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/ Mastic	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill/ Fairless				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 2/7/2020			

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



Date of Notification (1) 02/07/2020		Name of Building Owner/Operator (2) Canada Dry Bottling Company of New York							
Agencies Notified	Type Notification	Street Address 8191 US Route 130							
<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 Pennsauken, NJ 08110							
		Name of Contact Thomas Bowen	Telephone Number 856 661 4520						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 88 Polifly Road		Square Feet # of Floors Bldg. Age							
City (5) Hackensack		Current Use (Prior if being demolished)							
County (6) Bergen	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address		Street Address 208 Piaget Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07057							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 253 8828						
Start Date (10) 02/16/2020		Scheduled Completion Date (11) 02/22/2020	License No. 00704						
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: Occupied Warehouse		Name of OSHA Monitor VMC Company, Inc.							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Warehouse	x			Pipe insulation	175lf	x			
Warehouse	x			Pipe Insulation	50lf		x		
Boiler Room	x			Pipe Insulation	300lf	x			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Marek Wasiak		Title Vice-President	Signature <i>Marek Wasiak</i>	Date 02/07/2020					

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



Date of Notification (1) 2/7/2020		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.							
Agencies Notified	Type Notification	Street Address 1020 Kings George Post 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 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) <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 1020 King George Post Road		Square Feet	# of Floors						
City (5) Fords		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						
Start Date (10) 2/18/2020		Scheduled Completion Date (11) 6/30/2020	License No. 01286						
Name of OSHA Monitor Stryker Demolition & 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 992 Old Eagle School Road, STE 910							
		City, State, Zip Code Wayne, PA 19087							
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
Ester -1 Roof		X		Surfacing/Transite	21 SF	X			
Ester-1 Tank (tops)		X		TSI	720 SF	X			
						X			
						X			
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 2/28/2020		City, State Shippensburg, PA					
Completed by Mark Klotzbach		Title Vice President		Signature 			Date 2/7/2020		

INV# 17975

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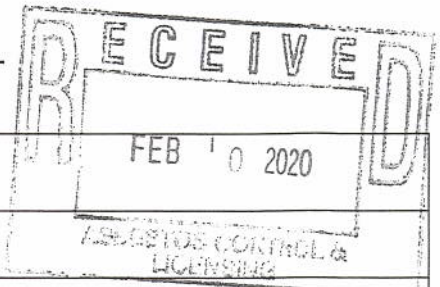
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/14/20		Name of Building Owner/Operator (2) 134 Bay St LLC							
Agencies Notified	Type Notification	Street Address 95 Christopher Columbus Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ							
		Name of Contact Martin Stroble	Telephone Number 201-217-6626						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Manischewitz Factory		Type of Facility (4)							
Street Address 143 Bay 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) Jersey City, NJ		Square Feet 74352	# of Floors 6						
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned for demolition							
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 22		Street Address 135 Kinnelon Rd. Suite 102							
City, State, Zip Code Branchburg, NJ 08879		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Don Heim		Telephone No. 732-414-2228	Telephone No. 908-448-5709						
License No. 01228									
Start Date (10) 1/7/2020	Scheduled Completion Date (11) 1/24/20	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.,							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd. 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) 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
Crawl Space			x	pipe insul & soil	452 lf	x			
terior West & south Walls of structu			x	Wall flashing	440 lf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill GROWS Fairless					
City, State Kinnelon, NJ		Disposal Date 1/28/2020		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager		Signature 			Date 1-14-20		

Inv# 17973
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 02 / 07 / 20		Name of Building Owner/Operator (2) Franklin Township BOE							
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 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Jason Szustwal Telephone Number 201-602-7301							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 36 Conerly Road		Square Feet							
City (5) Somerset		# of Floors							
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.							
Street Address 4 Beaverbrook Road, Suite 130		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-650-0932		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 02 / 18 / 20		Scheduled Completion Date (11) 03 / 31 / 20							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
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		City, State, Zip Code Garfield, NJ 07026							
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- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Removal	76 Windows	<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 Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill Fairless Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 2/7/2020			

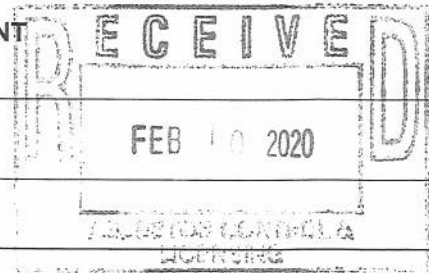
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 02/07/20		Name of Building Owner/Operator (2) Tom Chilenski		FEB 10 2020 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Verona, NJ 07044		Telephone Number					
Name of Contact Tom Chilenski									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Building			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) Verona			Square Feet 6,000	# of Floors 3	Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 256 7010	License No. 00666					
Start Date (10) 02/21/20		Scheduled Completion Date (11) 02/23/20		Name of OSHA Monitor Bako Construction & 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 <input checked="" type="checkbox"/> Other - Describe: Building is occupied / Basement will be closed off			Street Address 265 Route 46 Suite 3D						
			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) 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	185 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Waste Management				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Goran Kojic		Title Project Manager		Signature [Signature]		Date 02/07/20			

Inv# 17971
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



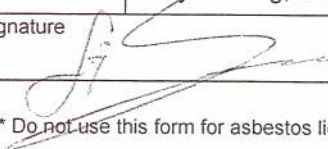
Date of Notification (1) <u>01</u> / <u>30</u> / <u>2020</u>		Name of Building Owner/Operator (2) John Crimi		FEB 10 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 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 [REDACTED] City, State, Zip Code Kenvil, NJ 07847							
		Name of Contact Kurt Peters		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Wharton, NJ 07885			Square Feet 1800SF	# of Floors 2 floors	Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) IAQ Guru LLC		ASCN No.		Name of Abatement Contractor (9) GI Solution Services LLC					
Street Address 4 Beaverbrook Road, Suite 130		Street Address 1032 Bond St, Second floor							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 972-650-0392		Telephone No. 973-223-2391	License No. 02015				
Start Date (10) <u>02</u> / <u>10</u> / <u>2020</u>		Scheduled Completion Date (11) <u>03</u> / <u>10</u> / <u>2020</u>		Name of OSHA Monitor					
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/ _____ PM- _____ AM			Street Address [REDACTED] 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 type="checkbox"/> Renovation <input checked="" 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					
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"/>	Wall plaster	300 - 500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior transite	1300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40 C/Y	Name of Registered Landfill GRAND CENTRAL				
City, State Newark, NJ				Disposal Date	City, State Pen Argyl, PA				
Completed By (Print or Type) William Mawyin		Title Project Manager		Signature <i>William Mawyin</i>		Date 01/30/2020			

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

CK 3745 PAID Inv# 17970 check # 3745

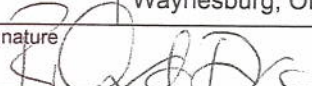
Date of Notification (1) 02/03/2020		Name of Building Owner/Operator (2) 21 South Street LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 10 2020 </div>	
Agencies Notified	Type Notification	Street Address 22 Maple Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Morristown, NJ 07960			
		Name of Contact Mr. Michael J. Colvin			
				Telephone Number (973) 936-3894	

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Building			Type of Facility (4)						
Street Address 21 South 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) Morristown			Square Feet 50,500	# of Floors 4	Bldg. Age 130				
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Office Building						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. (973) 928-5300	License No. 00874					
Start Date (10) 02/17/2020		Scheduled Completion Date (11) 03/31/2020		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 1385 Valley Road, Suite K						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
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			
						Removal	Repair	Encapsulate	Enclosure
See Attached		Yes	No	N/A					

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 	Date 02/03/2020	

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

CHECK #6062,26988

Date of Notification (1) 02-04-20		Name of Building Owner/Operator (2) South Jersey Industries		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 10 2020 </div>					
Agencies Notified	Type Notification	Street Address 1648 12th Street							
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Folsom NJ 08037							
		Name of Contact Ed Gilger		Telephone Number (609) 569-4938					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1 South Jersey Plaza City (5) Folsom, NJ County (6) Atlantic				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 43,600 # of Floors 2 Bldg. Age 51yrs +/- Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) GZA		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 55 Lane Road, Suite 407		City, State, Zip Code Fairfield, NJ 07004		Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Ben Sallemi		Telephone No. 973.774.3311		Telephone No. 201-939-6565 License No. 00756					
Start Date (10) 02-03-20(2)02-06-20		Scheduled Completion Date (11)		Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
1st Floor: Sporadic			x	Fireproofing	100	x			
2nd Floor: Sporadic			x	Fireproofing	140	x			
2nd Floor: South Corner			x	VAT	1,600	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 	Date 02-04-20				

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



Date of Notification (1) 02/05/20		Name of Building Owner/Operator (2) Ricardo Gutierrez							
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 Rochelle Park, NJ 07662							
		Name of Contact Ricardo Gutierrez	Telephone Number _____						
FACILITY INFORMATION									
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Rochelle Park		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244						
		License No. 01379							
Start Date (10) 02/15/20	Scheduled Completion Date (11) 02/22/20	Name of OSHA Monitor Same as above							
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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	100lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>			Date 02/05/20			

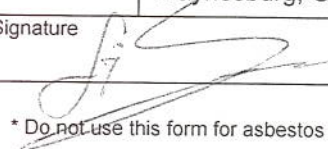
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Inv# 17970

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

check # 3745

CK 3745

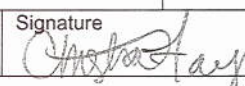
Date of Notification (1) 02/03/2020		Name of Building Owner/Operator (2) 21 South Street LLC						
Agencies Notified	Type Notification	Street Address 22 Maple Street						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960						
		Name of Contact Mr. Michael J. Colvin	Telephone Number (973) 936-3894					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Building		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 21 South Street		Square Feet 50,500	# of Floors 4					
City (5) Morristown		Bldg. Age 130						
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Office Building						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No. (973) 928-5300	License No. 00874					
Start Date (10) 02/17/2020	Scheduled Completion Date (11) 03/31/2020	Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K						
		City, State, Zip Code Wayne, New Jersey 07470						
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) <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
See Attached								
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 	Date 02/03/2020				

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

Inv# 17958

ckc421

PAID

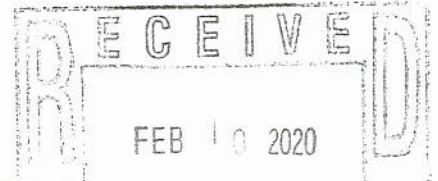
Date of Notification (1) 02/06/2020		Name of Building Owner/Operator (2) Rose Medlar		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 10 2020 NJ DEPT OF ENVIRONMENT & NATURE </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" 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				City, State, Zip Code Gloucester City, NJ 08030 Name of Contact Rose Medlar Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Medlar 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) Gloucester City				Square Feet 1,232	# of Floors 3				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 02/17/2020		Scheduled Completion Date (11) 02/19/2020		Name of OSHA Monitor EMSL Analytical, 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: _____				200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Kitchen, Bedroom No. 2, & Hallway		X		Floor Tile and Mastic	298 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ				Disposal Date 02/19/2020	City, State Morrisville, PA				
Completed by Christina Fay		Title VP of Operations		Signature 		Date 02/06/2020			

CH 4995

Inv# 179001

PAID

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



Date of Notification (1) 2-3-20		Name of Building Owner/Operator (2) GARDEN STATE DR. DRIVING	
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 8 CLERMONT DR.	
		City, State, Zip Code CLERMONT N.J. 08210	
		Name of Contact Jim	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) WILLOWOOD CREST		Square Feet 1500	# of Floors 2
County (6) CAPE MAY		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VIACHALT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0422	License No. 01371
Start Date (10) 2-13-20	Scheduled Completion Date (11) 2-21-20	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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)
	Yes	No	
SIDING			TRANSITE
Name of Registered Waste Hauler KLEMMCO INC	NJDEP Waste Hauler ID No. 15904	Cubic Yards of Waste 3 yds	Name of Registered Landfill C.M.C. M.V.A
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.
Completed By Michael Klemm	Title SUPERVISOR	Signature Michael Klemm	Date 2-3-20

CK # 4995

Inv# 17959

PAID

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

FEB 10 2020

Date of Notification (1) 2-3-20		Name of Building Owner/Operator (2) HARBAUGH DEVELOPERS							
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 318 GLASSBORO RD							
		City, State, Zip Code WOODBURY HEIGHTS N.J 08097							
		Name of Contact SAME	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) AVIALON	Square Feet 1500	# of Floors 2	Bldg Age 50+						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC							
Street Address		Street Address 369 S. SPRUCE AVE							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 779-0472	License No. 01371						
Start Date (10) 2-13-20	Scheduled Completion Date (11) 2-21-20	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) 1000 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	1000 SF	X			
Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 YDS	Name of Registered Landfill C. M. C. M. V. A						
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE N.J.						
Completed By MICHAEL KLEMM	Title SUPER	Signature M. Klemm	Date 2-3-20						

INV# 17962
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK9144

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FEB 10 2020

Date of Notification (1) 2/6/20		Name of Building Owner/Operator (2) MS. HAYDEE MARTINEZ				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code NEW MILFORD . NJ. 07646				
		Name of Contact MS. MARTINEZ	Telephone Number [REDACTED]			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. HAYDEE MARTINEZ		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) NEW MILFORD		Square Feet 2000	# of Floors 2			
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 1950			
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RESIDENCE				
ASCM No.		Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 2/18/20	Scheduled Completion Date (11) 2/20/20	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: 8:00AM TO 5:00PM		Street Address 280 Huyler St				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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		City, State, Zip Code S. Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A V	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 800 SF	Abatement Type		
				Removal	Repair	Encapsulate
				X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/209	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 2/21/20	City, State NEW BURG, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 2/6/20			

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Inv# 17867

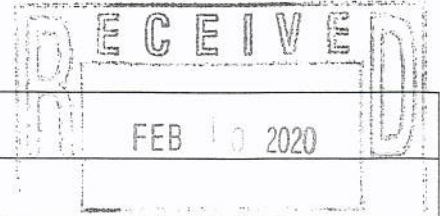
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)RECEIVED
PAGE 2/3
FEB DOL 2020 DAY 1536
Check # 1536

WAIVER APPROVED

Date of Notification (1) 2/4/20		Name of Building Owner/Operator (2) JOSEPH LBR	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code ENGLWOOD NJ	
Name of Contact JOSEPH		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LBR		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 [REDACTED]		Square Foot 1650	
City (5) ENGLWOOD		# of Floors 2	
County (6) Bergen		Bldg. Age 85	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES / COMM	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. 201-282-5841	
Start Date (10) 2/4/20		Scheduled Completion Date (11) 2/10/20	
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: _____		License No. 00155	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or of 25 ft <input type="checkbox"/> 100 or of 250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Name of OSHA Monitor Omega Environmental Services Inc.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) GARMENT CRAWL SPACE BASEMENT OUTSIDE GARAGE		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT TRANSITE SHEATHING DUCT	
Amount (Specify SF or LF) 246 SF 36 SF 64 SF 20 LF		Abatement Type Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted CM and Non-Friable Procedure	
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04506	
City, State Newark, NJ 07105		Cubic Yards of Waste 4	
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pan Argy, PA 08072	
Completed by R. McDonald		Signature R. McDonald	
Title President		Date 2/4/20	

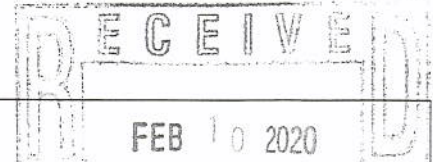
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv# 17880
PAID
CK 1461

Date of Notification (1) 02/05/20		Name of Building Owner/Operator (2) Prime Construction							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Prime Construction	Telephone Number 848-373-4837						
FACILITY INFORMATION									
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]									
City (5) Lakewood		Square Feet	# of Floors Bldg. Age						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		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) 02/06/2020	Scheduled Completion Date (11) 02/07/2020	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 type="checkbox"/> Renovation <input checked="" 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
INTERIOR				CLEANUP TSI DEBRIS	50LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 02/07/2020		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 02/05/20			

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



Date of Notification (1) 02/06/20		Name of Building Owner/Operator (2) Browntown Shopping Center, LLC	
Agencies Notified	Type Notification	Street Address 1985 Cedar Bridge Avenue, Suite 1	
<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 Lakewood, NJ 08701	
		Name of Contact Barbara Baciorek	Telephone Number 717-424-1422

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 2695 Route 516		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 2695 Route 516		Square Feet	
City (5) Old Bridge		# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) shopping center	
Name of Monitoring Firm Hired by Building Owner (8)		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. 732-668-9078	License No. 1200
Start Date (10) 02/16/20	Scheduled Completion Date (11) 02/18/20	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 type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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				TILE & MASTIC	1,600SF	x			

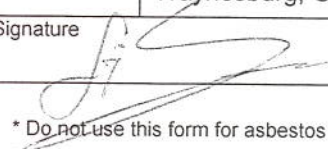
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 02/18/20		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 02/06/20

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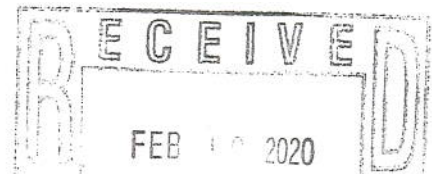
Inv# 17970

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

check # 3745

Date of Notification (1) 02/03/2020		Name of Building Owner/Operator (2) 21 South Street LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 10 2020 </div>					
Agencies Notified	Type Notification	Street Address 22 Maple Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		Telephone Number (973) 936-3894					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Building			Type of Facility (4)						
Street Address 21 South 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) Morristown			Square Feet 50,500	# of Floors 4	Bldg. Age 130				
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Office Building						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address			Street Address 1385 Valley Road, Suite K						
City, State, Zip Code			City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. (973) 928-5300	License No. 00874					
Start Date (10) 02/17/2020		Scheduled Completion Date (11) 03/31/2020		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 1385 Valley Road, Suite K						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 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
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 	Date 02/03/2020					

Wells Fargo Building
21 South Street
Morristown, New Jersey



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 (Back Storage)	x			9" Brown w/ Black Streaks Floor Tile	250 SF	x			
Basement (Storage Hallway)	x			9" Orange Floor Tile	75 SF	x			
Basement (Hallway)		x		9" Maroon Floor Tile	500 SF	x			
Basement (Kitchen)		x		12" x 12" Brown w/ Red Floor Tiles	800 SF	x			
Basement (Closet)	x			9" Grey Floor Tile	30 SF	x			
First Floor (Exit)		x		Fire Door	1 each	x			
Second Floor (Stairwell)		x		9" Brown Floor Tile	40 SF	x			
Third Floor (Room 3B)		x		9" Tan w/ Brown Floor Tile	100 SF	x			
Fourth Floor (Server Room)		x		9" White Floor Tile	100 SF	x			
Throughout (HVAC Rooms & Hallway)	x	x		Pipe Fitting Insulation	103 each	x			