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**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
Pursuant to NJAC 8:60 and 12:120  
PAL JOB# 18-1022

Print Form  
**RECEIVED**  
JAN 23 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/22/2017		Name of Building Owner/Operator (2) United States Department of the Interior							
Agencies Notified	Type Notification	Street Address	<b>RECEIVED</b> FEB 14 2018						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	12795 W. Alameda Parkway City, State, Zip Code Denver, CO 80225 Name of Contact Albert O'Mara							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sandy Hook Unit of the Gateway National Area - Building 65		Type of Facility (4)							
Street Address 65 Kearny Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Highlands		Square Feet 50,000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology Environmental Services		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 10-59 Jackson Avenue		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090	License No. 28675						
Start Date (10) 02/05/2018		Scheduled Completion Date (11) 07/05/2018							
Name of OSHA Monitor Wojciech Kowalczyk									
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Please see attached quantity breakdown									
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 02/07/2018		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature		Date 01/22/2018			

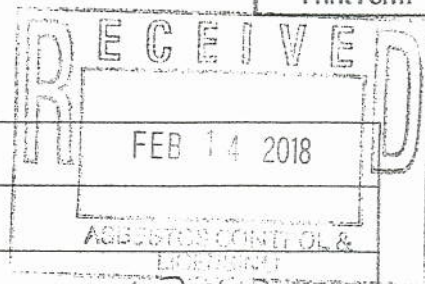
Print Form

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

Date of Notification (1) <b>2/5/18</b>		Name of Building Owner/Operator (2) <b>John Kantorek</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>[REDACTED]</b> City, State, Zip Code <b>Lanvale, NJ 08735</b> Name of Contact <b>Eric Plackis</b> Telephone Number <b>[REDACTED]</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>[REDACTED]</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>[REDACTED]</b>		Square Feet <b>1802</b> # of Floors <b>1</b> Bldg. Age <b>68</b>							
City (5) <b>Lanvale</b>		County (6) <b>Ocean</b>							
County Code (7) <b>STATE USE ONLY</b>		Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>[REDACTED]</b>		ASCM No. <b>[REDACTED]</b>							
Street Address <b>[REDACTED]</b>		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>							
City, State, Zip Code <b>[REDACTED]</b>		Street Address <b>P.O. Box 915</b>							
Project Manager for Monitoring Firm <b>[REDACTED]</b>		City, State, Zip Code <b>Brick, New Jersey 08723</b>							
Telephone No. <b>[REDACTED]</b>		Telephone No. <b>(732)899-7499</b>							
License No. <b>01196</b>		Name of OSHA Monitor <b>[REDACTED]</b>							
Start Date (10) <b>2/6/18</b>		Scheduled Completion Date (11) <b>2/13/18</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>[REDACTED]</b>							
City, State, Zip Code <b>[REDACTED]</b>		City, State, Zip Code <b>[REDACTED]</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
				Asbestos Floor tile	200 SF				
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>GROWS Inc.</b>			
City, State <b>Brick, New Jersey</b>		Disposal Date <b>[REDACTED]</b>		City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>2/5/18</b>			



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



Date of Notification (1) 2/10/18		Name of Building Owner/Operator (2) RPM							
Agencies Notified	Type Notification	Street Address 77 Park St							
<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 montclair, New Jersey 07042							
		Name of Contact Gary							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RPM 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) Oceanport		Square Feet 2000	# of Floors 2						
County (6) Monmouth		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Cats Neck, NJ 07722							
Telephone No.		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 2/19/18	Scheduled Completion Date (11) 2/26/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Jan 7 pm</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
throughout			X	pipe insulation	900 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 7	Name of Registered Landfill Fairless					
City, State Cats Neck, NJ		Disposal Date 2/26/18		City, State Morrisville, PA					
Completed by Bree McGuire		Title Secretary/Treasurer	Signature [Signature]	Date 2/10/18					



\* Emergency - Badly Damaged per building inspector

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

Date of Notification (1) 2/9/18		Name of Building Owner/Operator (2) F2 Lafayette LLC 997, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 14 2018 </div>					
Agencies Notified		Type Notification				Street Address 942 Lafayette Ave			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Brooklyn, NY 11221			
				Name of Contact Howard					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) F2 Lafayette 997 LLC Property				Type of Facility (4)					
Street Address 410 Bond Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Astbury Park				Square Feet 3000	# of Floors 3				
County (6) Monmouth				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) Vacated building					
ASCM No.				Name of Abatement Contractor (9)					
Street Address				Street Address 95 Montrose Rd					
City, State, Zip Code				City, State, Zip Code 0115 New, NJ 07722					
Project Manager for Monitoring Firm				Telephone No. 732 294 7573	License No. 00029				
Start Date (10) 2/13/18		Scheduled Completion Date (11) 2/16/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM				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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd FL			X	Floor tile	75	X			
Name of Registered Waste Hauler Ace Insulation Co, Inc				NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrns			
City, State 0115 New, NJ				Disposal Date 2/16/18	City, State Coston, PA				
Completed by Bree McGone			Title Secretary/Treasurer	Signature Bree McGone		Date 2/9/18			



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

ck# 147

Date of Notification (1) 02/09/18		Name of Building Owner/Operator (2) Nury Montanari	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Springfield, NJ 07081	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Nury Montanari	

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
City (5) Springfield, NJ 07081		Square Feet 2,546	# of Floors 2
County (6) Union		Bldg. Age 100	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 02/19/18		Scheduled Completion Date (11) 02/20/18	
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Fair Lawn, NJ 07410	
<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: 08:00 AM - 03:00 PM			
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		Asbestos containing Pipe	11 LF	X			

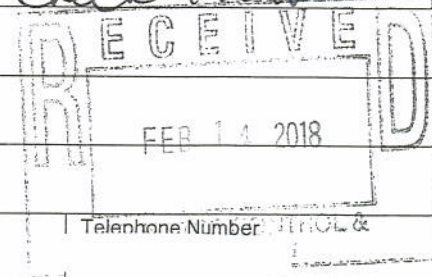
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA	
Completed by Dimo Golcev		Title General Manager		Signature 	Date 02/09/18



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

Check 17346



Date of Notification (1) 2/9/18		Name of Building Owner/Operator (2) Mary Graham							
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 Elizabeth, NJ 07201							
		Name of Contact Mary	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Elizabeth		Square Feet 2100	# of Floors 2						
		Bldg. Age 68							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/14/18	Scheduled Completion Date (11) 2/21/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Crawl space			X	pipe insulation	180 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Grows/Fairless Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 2/9/18			



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

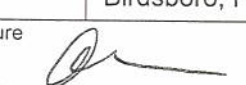
Check 17347

Date of Notification (1) 2/9/18		Name of Building Owner/Operator (2) John Paterno	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code Montvale, NJ 07645	
		Name of Contact John	

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FEB 14 2018  
Telephone Number \_\_\_\_\_

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) Riverdale	Square Feet 2200	# of Floors 2	Bldg. Age 65
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 2/19/18	Scheduled Completion Date (11) 3/5/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: basement		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	120 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 2/9/18



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

CIC 4463

Date of Notification (1) <b>2/9/18</b>		Name of Building Owner/Operator (2) <b>CHUCK COOPER</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>ALPHA, NJ, 08865</b> Name of Contact <b>MR COOPER</b>	

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ASBESTOS CONTROL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>MR CHUCK COOPER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1475</b>	# of Floors <b>1</b>
City (5) <b>ALPHA</b>		Bldg. Age <b>1950</b>	
County (6) <b>WARREN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>	
Street Address		Street Address <b>450 South River Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>2/19/18</b>	Scheduled Completion Date (11) <b>2/20/18</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:30AM TO 5:00PM</b>		Street Address <b>280 Huyler Street</b>	
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL SYSTEMS INSULATION</b>	<b>110 LF</b>	<b>X</b>			

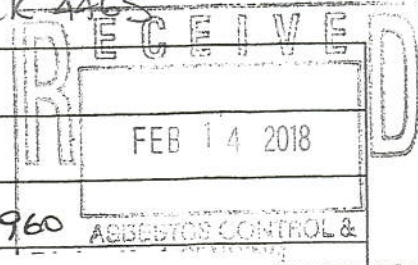
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2/20</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/20/18</b>		City, State <b>Waynesburg, OH 44688</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>		Date <b>2/9/18</b>



PAID

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

CK 4465



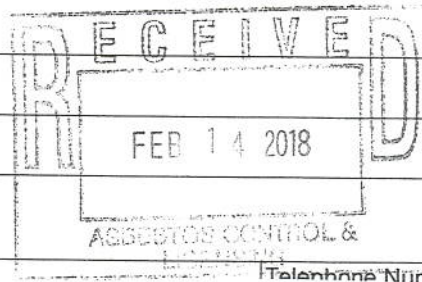
Date of Notification (1) <b>2/9/18</b>		Name of Building Owner/Operator (2) <b>MS. JANICE CECERE</b>						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 <b>MORRISTOWN, NJ. 07960</b>						
		Name of Contact <b>MR. WAYNE NOTTING</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MS. JANICE CECERE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>2100</b>						
City (5) <b>MORRISTOWN</b>		# of Floors <b>2</b>						
County (6) <b>MORRIS</b>		Bldg. Age <b>1931</b>						
County Code (7) <b>MORRIS</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
Street Address		Street Address <b>450 South River Street</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>2/20/18</b>	Scheduled Completion Date (11) <b>2/22/18</b>	Name of OSHA Monitor <b>Omega Environmental</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>						
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
<b>BASEMENT</b>			<b>✓ THERMAL SYSTEMS INSULATION</b>	<b>185 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 CY</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>2/22/18</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>2/9/18</b>				



CK 2815

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

Fixed to RDL

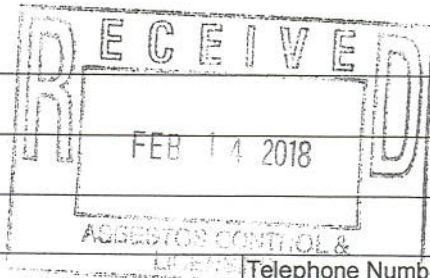
**PAID**

Date of Notification (1) 2-9-2018		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended(increased scope) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002  Name of Contact Jim Uricchio							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Admin Corridor		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2						
City (5) Cherry Hill, NJ	County (6) Camden	Bldg. Age 52							
Current Use (Prior if being demolished) Hospital									
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 2-12-2018 (34 Fittings)	Scheduled Completion Date (11) 2-28-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours  Describe: Project to be conducted 2 <sup>nd</sup> shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Admin Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire proofing	2,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amended:Admin Hallway</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Fittings</b>	<b>34 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 2-9-2018			



hook

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



Date of Notification (1) 12-27-2017		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus	
		City, State & Zip Code Cherry Hill, NJ 08002	
		Name of Contact Jim Uricchio	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Admin Corridor			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 2201 Chapel Hill Campus			Square Feet 250,000	# of Floors 2	Bldg. Age 52
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 1-10-2018	Scheduled Completion Date (11) 2-28-2018		Name of OSHA Monitor J&S Environmental Laboratories, Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours  Describe: Project to be conducted 2 <sup>nd</sup> shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

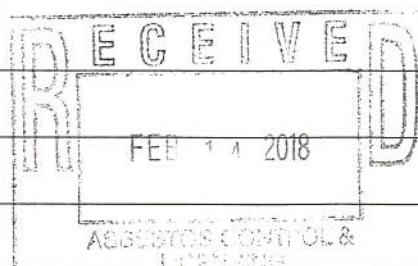
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Admin Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire proofing	2,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	80 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 12-27-2017

**PAID**

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

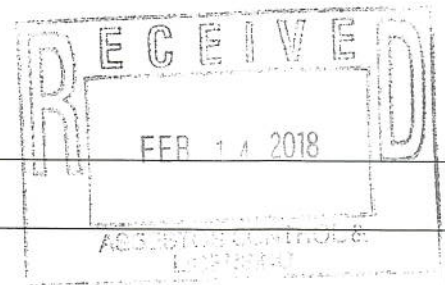


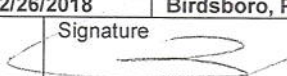
Date of Notification (1) 2/9/2018		Name of Building Owner/Operator (2) Dixon Leasing							
Agencies Notified	Type Notification	Street Address 266 Barrow Street Unit 1							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07302							
		Name of Contact Angela Harris							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dixon Leasing		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 266 Barrow St Unit 1		Square Feet 1532	# of Floors 4						
City (5) Jersey City		Bldg. Age 165							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) CPR ENVIRONMENTAL SERVICE						
Street Address 28 North Pennell Rd.		Street Address 8421 Hegerman Street							
City, State, Zip Code Media PA 19063		City, State, Zip Code Philadelphia PA 19136							
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 201 864-6683	License No. 01328						
Start Date (10) 2/19/2018	Scheduled Completion Date (11) 3/19/2018	Name of OSHA Monitor AET							
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 28 North Pennell Rd.							
		City, State, Zip Code Media PA 19063							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 pipes		x		Thermal system insulation	100LF	x			
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 3	Name of Registered Landfill grows north landfill/fairless landfill					
City, State Elizabeth NJ			Disposal Date	City, State Morrisville PA					
Completed by Anthony Jones		Title Project Manager	Signature <i>Anthony Jones</i>			Date 2/9/18			



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

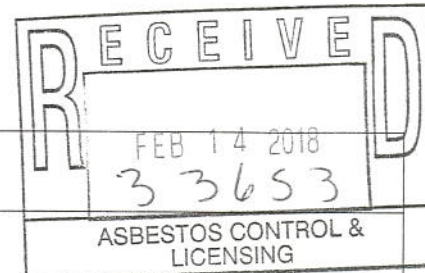


Date of Notification (1) <b>February 9, 2018</b>		Job #: 9692.01		Name of Building Owner/Operator (2) <b>RWJ Barnabas Health</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>One Hamilton Health Place</b> City, State, Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>Dennis Rudloff</b> Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson University Hospital</b> Street Address <b>One Hamilton Health Place</b> City (5) <b>Hamilton</b> County (6) <b>Mercer County</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.) Square Feet <b>25,000</b> # of Floors <b>3</b> Bldg. Age <b>50 years</b> Current Use (prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b> Street Address <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>		ASCM No.		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b> Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b> City, State, Zip Code <b>Bensalem, PA 19020</b>					
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300 Ext 26</b>		Telephone Number <b>215-533-3503</b> License Number <b>00858</b>					
Scheduled Start Date (10) <b>February 22, 2018</b>		Scheduled Completion (11) <b>February 26, 2018</b>		Name of OSHA Monitor <b>Criterion Labs</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: <u>Work area to be vacated during entire abatement.</u>				Street Address <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>					
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Radiology - X-Ray Rm 1 -Side Work Room		X		Floor Tile	160	X			
Name of Reg. Waste Hauler <b>Prime Group Remediation, Inc.</b> City, State <b>Bensalem, PA</b>									
NJDEP Waste Hauler ID # <b>19272</b>		Cubic Yards of Waste <b>1</b>		Name of Reg. Landfill <b>Western Berks Community Landfill (DEP#100739)</b> City, State <b>Birdsboro, PA</b>					
Disposal Date <b>02/26/2018</b>		Signature 							
Completed by <b>Vincent Primavera</b>		Title <b>Project Manager</b>		Date <b>February 9, 2018</b>					

ASB-41

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

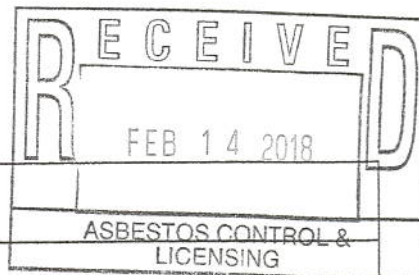
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 02 / 09 / 18		Name of Building Owner/Operator (2) V Rose Excavating, 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 <b>30 Wood Haven Road</b> City, State, Zip Code <b>Toms River, NJ 08753</b> Name of Contact <b>Vic Rose</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Lakewood</b>	Square Feet <b>1500</b>	# of Floors <b>1</b>	Bldg. Age <b>80</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) 02 / 20 / 18	Scheduled Completion Date (11) 02 / 23 / 18	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/23/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>2/9/18</b>			



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



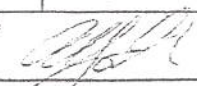
CH 568

Date of Notification (1) <b>02 / 09 / 2018</b>		Name of Building Owner/Operator (2) <b>Camden County Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>201 North Front Street</b> City, State, Zip Code <b>Camden, NJ 08102</b> Name of Contact <b>Martha Minogue</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>East Camden Middle School</b>		Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>3064 Stevens Street</b>		Square Feet <b>62,000</b>	# of Floors <b>2</b>						
City (5) <b>Camden</b>		Bldg. Age <b>20+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Consulting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ELCON Environmental Inc.</b>						
Street Address <b>2002 Renaissance Blvd, Suite 110</b>		Street Address <b>150 Glenwood Drive</b>							
City, State, Zip Code <b>King of Prussia, PA 19406</b>		City, State, Zip Code <b>Washington Crossing, PA 18977</b>							
Project Manager for Monitoring Firm <b>Peter Photopoulos</b>		Telephone No. <b>610-279-7070</b>	Telephone No. <b>267-240-8365</b>						
License No. <b>01225</b>									
Start Date (10) <b>2 / 23 / 18</b>	Scheduled Completion Date (11) <b>3 / 05 / 18</b>	Name of OSHA Monitor <b>Same</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address  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"/> MiniEnclosure <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing at roof edges	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Elizabeth Gosek</b>		Title <b>President</b>		Signature 			Date <b>02/09/18</b>		



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

NOT COMPLETED  
AT THAT TIME

Date of Notification (1) <u>09 / 13 / 2017</u>		Name of Building Owner/Operator (2) <b>Camden County Board of Education</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB 14 2018  ASBESTOS CONTROL &amp; REMEDIATION DIVISION </div>					
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>201 North Front Street</b>							
		City, State, Zip Code <b>Camden, NJ 08102</b>							
		Name of Contact <b>Martha Minogue</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>East Camden Middle School</b>				Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>3064 Stevens Street</b>									
City (5) <b>Camden</b>				Square Feet <b>62,000</b>	# of Floors <b>2</b>				
County (6) <b>Camden</b>				Bldg. Age <b>20+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Consulting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>ELCON Environmental Inc.</b>					
Street Address <b>2002 Renaissance Blvd, Suite 110</b>		Street Address <b>150 Glenwood Drive</b>							
City, State, Zip Code <b>King of Prussia, PA 19406</b>		City, State, Zip Code <b>Washington Crossing, PA 18977</b>							
Project Manager for Monitoring Firm <b>Peter Photopoulos</b>		Telephone No. <b>610-279-7070</b>		Telephone No. <b>267-240-8365</b>	License No. <b>01225</b>				
Start Date (10) <u>9 / 27 / 17</u>	Scheduled Completion Date (11) <u>10 / 06 / 17</u>		Name of OSHA Monitor <b>Same</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address						
			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"/> MiniEnclosure <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing at roof edges	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Elizabeth Gosek</b>		Title <b>President</b>		Signature 		Date <b>9-13-17</b>			




CH 567

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1) 02/08/2018		Name of Building Owner/Operator (2) Valerie Smith Stephens		FEB 14 2018	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="background-color: black; width: 150px; height: 20px;"></div>	
		City, State, Zip Code		ASBESTOS CONTROL & LICENSING	
		Willingboro, NJ 08046			
		Name of Contact		Telephone Number	
		Valerie Smith Stephens			

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Willingboro</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
County (6) <b>Burlington</b>		Bldg. Age <b>45</b>	
County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Eagle IHA</b>		ASCM No.	Name of Abatement Contractor (9) <b>ELCON Environmental Inc</b>
Street Address <b>359 Dresher Road</b>		Street Address <b>150 Glenwood Dr</b>	
City, State, Zip Code <b>Horsham, PA 19044</b>		City, State, Zip Code <b>Washington Crossing, PA 18977</b>	
Project Manager for Monitoring Firm <b>Mark Hays</b>		Telephone No. <b>215-672-6088</b>	Telephone No. <b>215-313-7427</b>
License No. <b>01225</b>			
Start Date (10) <b>02/10/2018</b>	Scheduled Completion Date (11) <b>02/13/2018</b>	Name of OSHA Monitor <b>same</b>	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code	

<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

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW 2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State New Castle De			Disposal Date TBD	City, State Waynesburg, OH	
Completed by Elizabeth Gosek		Title Pr. Manager	Signature 		Date 2-8-18

# PAID

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

Check # 12714

Date of Notification (1) <b>February 9, 2018</b>		Name of Building Owner / Operator (2) <b>AM Sunrise LLC</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 150px;">FEB 14 2018</div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # ____ <input type="checkbox"/> Cancellation	4 Dynasty Drive	
		City, State & Zip Code <b>Monroe, NJ 08831</b>	
		Name of Contact <b>Paresh Patel</b>	ASBESTOS CONTROL


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Comcast</b>		Type of Facility (4)	
Street Address <b>72 Main Street</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>South River</b>		Square Feet <b>2,000</b>	# of Floors <b>2</b>
		Bldg. Age <b>75</b>	
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished) <b>Office Building</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>35 Columbia Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>February 21, 2018</b>	Scheduled Completion Date (11) <b>March 19, 2018</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space			X	Pipe Insulation	60 LF	X			
Main Floor			X	Linoleum and Mastic	300 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 20, 2018</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>February 21, 2018</b>	

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



PAID

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

CK 4464

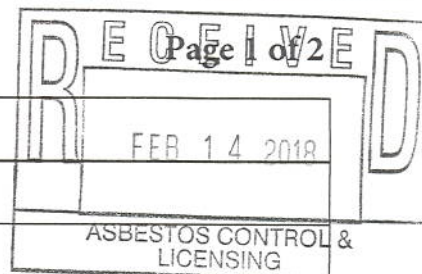
Date of Notification (1) <b>2/9/18</b>		Name of Building Owner/Operator (2) <b>MR. RONALD KARAM</b>		<div style="border: 1px solid black; padding: 5px;"> <b>RECEIVED</b>  FEB 14 2018 </div>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]				
City, State, Zip Code <b>FAIR LAWN, NJ 07410</b>		Name of Contact <b>MR. KARAM</b>				Telephone Number [REDACTED]				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>MR. KARAM</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]				Square Feet <b>2000</b>						
City (5) <b>FAIR LAWN</b>				# of Floors <b>2</b>						
County (6) <b>BERGEN</b>				Bldg. Age <b>1945</b>						
County Code (7) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
Street Address				Street Address <b>450 South River Street</b>						
City, State, Zip Code				City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>						
Start Date (10) <b>2/21/18</b>		Scheduled Completion Date (11) <b>2/23/18</b>		License No. <b>00388</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM TO 5:00 PM</b>				Name of OSHA Monitor <b>Omega Environmental</b>						
				Street Address <b>280 Huyler Street</b>						
				City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>13 ELF</b>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			<input checked="" type="checkbox"/>	<b>THERMA SYSTEMS INSULATION</b>		<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>307</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>				Disposal Date <b>2/23/18</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>		Date <b>2/9/18</b>				

CH00002380

# PAID

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

Print Form



SEC# 10-17-0130

Date of Notification (1) January 9, 2018		Name of Building Owner/Operator (2) Entact LLC							
Agencies Notified	Type Notification	Street Address 150 Bay Street, Suite 806							
<input checked="" type="checkbox"/> EPA <input checked="" 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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Evan Perry	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 18 Chapel 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 & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 90000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Arcadis		Current Use (Prior if being demolished) Vacant							
Street Address 10 Friends Lane, Suite 200		Name of Abatement Contractor (9) Shannon Environmental Corp							
City, State, Zip Code Newtown, PA 18940		Street Address 164 Beaver Drive							
Project Manager for Monitoring Firm James S. McLaughlin, PG, CSP		City, State, Zip Code Kings Park, NY 11754	Telephone No. 631						
Telephone No. 215		License No. 01067							
Start Date (10) January 22, 2018	Scheduled Completion Date (11) September 1, 2018	Name of OSHA Monitor Shannon Environmental Corp.							
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 164 Beaver Drive							
		City, State, Zip Code Kings Park, NY 11754							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Warehouse			X	TSI (Wrap & Cut)	200 LF	X			
Main Roof Area			X	Builtup Roof	90,060 SF	X			
Shed- East Elevation			X	Roof Shingles	56 SF	X			
Throughout Building			X	DIY Formica Transformers	11 each	X			
Name of Registered Waste Hauler 1. Bryce Alterio Trucking		NJDEP Waste Hauler ID No. 35848	Cubic Yards of Waste as needed	Name of Registered Landfill Minerva Enterprises					
City, State Milesburg PA		Disposal Date TBD		City, State Waynesburg, OH					
Completed by John Barone		Title Senior Project Manager		Signature 			Date 01/16/18		

2. Newark Carting Inc. NJ ID No NJ-913 Landfill - Minerva Enterprises

ASB-41 (R-08-08)

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

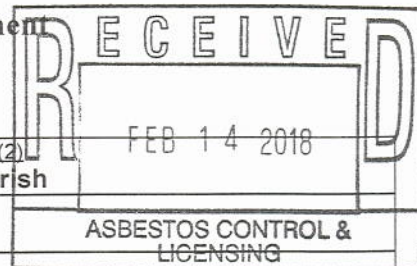


# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

CH 3079

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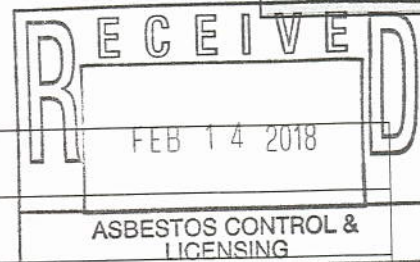


Date of Notification (1) <b>February 8, 2018</b>			Name of Building Owner/Operator (2) <b>St. Phillip The Apostle Parish</b>		
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>797 Valley Road</b> City, State, Zip Code <b>Clifton, NJ 07013</b> Name of Contact <b>Dennis Rodano</b> Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>St. Phillip The Apostle Parish- Kaleidoscope Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>30,000</b> # of Floors: <b>1</b> Bldg. Age: <b>50 years</b>		
Street Address <b>797 Valley Road</b>			Current Use (prior if being demolished):		
City (5) <b>Clifton</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>			Street Address <b>511 MAIN STREET</b>		
City, State, Zip Code <b>Fairlawn, NJ 07410</b>			City, State, Zip Code <b>Butler, NJ 07405</b>		
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>February 19, 2018</b>		Scheduled Completion Date (11) <b>February 28, 2018</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant</b>			Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut X Complete Building Demolition as ACM - NESHAP	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
<b>Kaleidoscope Bldg</b>	<input checked="" type="checkbox"/>	<b>Complete Building Demolition as ACM</b>	<b>300 cu.yds</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>300</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #			Disposal Date <b>February 28, 2018</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>					
Completed by (Print or Type) <b>Marin Graure</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>		Date <b>February 8, 2018</b>

GAC # 2018-632

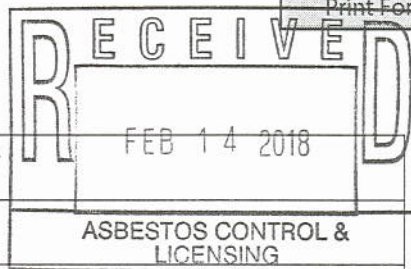
# PAID

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



Date of Notification (1) 2/7/2018		Name of Building Owner/Operator (2) Residence							
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 Union, NJ 07083							
		Name of Contact Jens Hochwimmer							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4791	# of Floors 2						
City (5) Union		Bldg. Age 74							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	Telephone No. 844-462-7465						
Start Date (10) 2/20/18	Scheduled Completion Date (11) 2/26/18	License No. 01316							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor A. Seine Lighthouse Solutions							
		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
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 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
Attic Area		X		Vermiculite	450 Sq. Ft.	X			
Attic Area		X		Insulation	450 Sq. Ft.	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>[Signature]</i>	Date 2/7/18				





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

Date of Notification (1) 02-09-18		Name of Building Owner/Operator (2) Leo White	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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 Westfield, NJ 07090	Telephone Number
Name of Facility Where Abatement is Taking Place (3) Private Home		Name of Contact Leo White	
Street Address		Telephone Number	
City (5) Westfield		Telephone Number	
County (6) Union		Telephone Number	
County Code (7) (STATE USE ONLY)		Telephone Number	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	
Start Date (10) 02-19-18		License No. 01206	
Scheduled Completion Date (11) 02-23-18		Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am - 5:00pm		City, State, Zip Code Union City NJ 07087	
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)
	Yes	No	
Basement		X	VAT
Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ	Disposal Date 02-26-18	City, State Tullytown, PA	
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 02-09-18

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

Date of Notification (1) 11/07/17		Name of Building Owner/Operator (2) Konstantino Spanoudis							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Fort Lee, NJ 07024							
Name of Contact Konstantino Spanoudis		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000	# of Floors 2						
City (5) Fort Lee		Bldg Age 50+							
County (6) Bergen	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) Stanmark Solutions, LLC						
Street Address		Street Address 28 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 11/10/17	Scheduled Completion Date (11) 11/16/17	Name of OSHA Monitor EMSL							
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 1056 Stelton Road							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior		x		transite	1,000 S F	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager	Signature Stan Stankovic			Date 11/07/17			



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

Date of Notification (1) 11/07/17		Name of Building Owner/Operator (2) Konstantino Spanoudis							
Agencies Notified		Type Notification				Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Fort Lee, NJ 07024			
						Name of Contact Konstantino Spanoudis			
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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) Fort Lee				Square Feet 1,500	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. _____					
Street Address				Name of Abatement Contractor (9) Stanmark Solutions, LLC					
City, State, Zip Code				Street Address 28 Edsall Drive					
Project Manager for Monitoring Firm				City, State, Zip Code Sussex, NJ 07461					
Telephone No. _____				Telephone No. 973-997-1650	License No. 01309				
Start Date (10) 11/10/17		Scheduled Completion Date (11) 11/16/17		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 1056 Stelton Road					
<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 Piscataway, NJ 08854					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
2nd Floor		x		floor tiles	420 S.F.	x			
roof		x		roofing materials	200 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ				Disposal Date on completion	City, State Morrisville, PA				
Completed by Stan Stankovic		Title G. Manager		Signature <i>Stan Stankovic</i>		Date 11/07/17			

**PAID**

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

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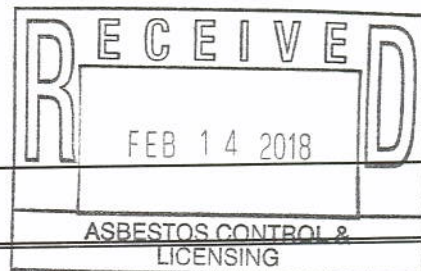
Date of Notification (1) 11/24/17		Name of Building Owner/Operator (2) Meridia Village Commons I LLC						
Agencies Notified	Type Notification	Street Address 201 South Wood Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036						
		Name of Contact Michael Goras						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Apartment Building			Type of Facility (4)					
Street Address 126 South Wood Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Linden			Square Feet 2,000	# of Floors 2	Bldg. Age 50+-			
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Building					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC					
Street Address		Street Address 28 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-997-1650	License No. 01309				
Start Date (10) 11/25/17		Scheduled Completion Date (11) 11/28/17		Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One)			Street Address 1056 Stelton Road					
<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 Piscataway, NJ 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground		x	roofing material debris	1,000 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA				
Completed by Bilyana Stankovic		Title President	Signature <i>Bilyana Stankovic</i>		Date 11/24/17			



D&amp;S Proj. #: 18-33

**PAID**

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



Date of Notification (1) 10/21/10/18/11/18		Name of Building Owner/Operator (2) frances martin	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code montclair, nj 07042		
	Name of Contact frances martin		
	Telephone Number _____		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) frances martin			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Square Feet</td> <td># of Floors</td> <td>Bldg. Age</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Square Feet	# of Floors	Bldg. Age			
Square Feet	# of Floors	Bldg. Age							
Street Address [REDACTED]									
City (5) montclair	County (6) essex	County Code (7) (State use only)							

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/20/1818		Sched. Completion Date (11) 03/30/18		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	1721 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/21/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____	
				Date 02/08/2018	



# \*Credit\*

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

R	RECEIVED	P
	Check # _____ FEB 14 2018	

Date of Notification (1) <b>2/12/18</b>		Name of Building Owner/Operator (2) <b>BOYS + GIRLS CLUB OF PEQUANNOCK</b>	
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 type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>19 OAK AVE</b>		City, State, Zip Code <b>PEQUANNOCK, NJ 04440</b>	
Name of Contact <b>JOE</b>		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>DEMO BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>19 OAK AVE</b>		Square Feet <b>8000</b>	# of Floors <b>3</b>
City (5) <b>PEQUANNOCK</b>		Bldg. Age <b>65</b>	
County (6) <b>MORRIS</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>BOYS CLUB / DEMO</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>	
Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>
Start Date (10) <b>2/26/18</b>	Scheduled Completion Date (11) <b>4/30/18</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, N.J. 07606</b>	

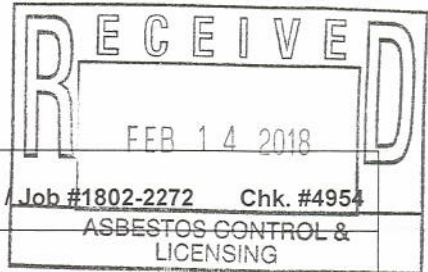
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>THROUGHOUT</b>			<b>X</b>	<b>VAT</b>	<b>16,000 SF</b>	<b>X</b>			
<b>BOILER ROOM</b>			<b>X</b>	<b>DRYWALL</b>	<b>1000 SF</b>	<b>X</b>			
<b>ROOF</b>			<b>X</b>	<b>ROOFING</b>	<b>8,000</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>	NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>2/26/18 on</b>	City, State <b>Pen Argyl, PA 08072</b>
Completed by <b>R. McDonald</b>	Title <b>President</b>	Signature <i>R. McDonald</i>	Date <b>2/12/18</b>



CH 4954

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) <b>2 / 8 / 18</b>		Name of Building Owner/Operator (2) <b>John &amp; Michelle Boedeker</b>	
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 <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code <b>Waretown, NJ 08758</b>	
		Name of Contact <b>John Boedeker</b>	
Telephone Number _____			

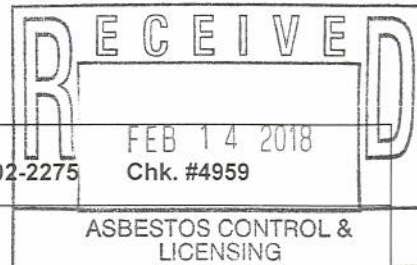
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City (5) <b>Waretown</b>			Square Feet <b>1306</b>	# of Floors <b>1</b>	Bldg. Age <b>1962</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Env.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>	
Start Date (10) <b>3 / 5 / 18</b>		Scheduled Completion Date (11) <b>3 / 7 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>200 U.S. Route 130 North</b>		
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Bedrooms, Closets & Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	540 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms, Closets & Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	840 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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>3/7/18</b>		City, State <b>Penn Argyle, PA</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 		Date <b>2-8-18</b>	

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) <b>2 / 12 / 18</b>		Name of Building Owner/Operator (2) <b>Glinario Ramos / Job #1802-2275</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code <b>Glassboro, NJ 08028</b>		Name of Contact <b>Glinario</b>					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) <b>Glassboro</b>			Square Feet <b>1200</b>	# of Floors <b>3</b>	Bldg. Age <b>65+-</b>				
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>16 W Elizabeth Ave # 2</b>				Street Address <b>3859 Sylon Boulevard</b>					
City, State, Zip Code <b>Linden, NJ 07036</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>					
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>(908) 862-4301</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>2 / 21 / 18</b>		Scheduled Completion Date (11) <b>2 / 21 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address <b>200 U.S. Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ductwork and/or Asbestos Paper	60 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>2/22/18</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>2-12-18</b>			