

Pg-1 PAID

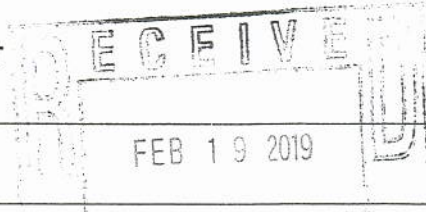
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

chk# 3515

Date of Notification (1) 2 / 13 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 19 2019 </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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>15 East Montgomery Street</b> City, State, Zip Code <b>Pittsburgh, PA 15212</b>			
		Name of Contact <b>Anthony Porta</b>				Telephone Number <b>412-633-4021</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bridgeton C.O.</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>76-90 North Pearl Street</b>				Square Feet <b>25,287</b>					
City (5) <b>Bridgeton</b>				# of Floors <b>2</b>					
County (6) <b>Cumberland</b>				Bldg. Age <b>+50</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215 365 5810</b>		License No. <b>00509</b>					
Start Date (10) 3 / 4 / 19		Scheduled Completion Date (11) 3 / 20 / 19		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>5:00PM-2:00AM</b>				Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Diesel Oil Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSMT Diesel Engine Room & Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>YARDLEY, PA</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>2-13-19</b>			



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



Date of Notification (1) <div style="text-align: center;">2 / 13 / 19</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</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>15 East Montgomery Street</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Anthony Porta</b>	Telephone Number <b>412-633-4021</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bridgeton C.O.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>76-90 North Pearl Street</b>									
City (5) <b>Bridgeton</b>	Square Feet <b>25,287</b>	# of Floors <b>2</b>	Bldg. Age <b>+50</b>						
County (6) <b>Cumberland</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215 365 5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>3 / 4 / 19</b>	Scheduled Completion Date (11) <b>3 / 20 / 19</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Header Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>YARDLEY, PA</b>			Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>		Signature <i>Dillan DeCaro / JK</i>			Date <b>2-13-19</b>			



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

CHK#3514

Date of Notification (1) <b>2 / 13 / 19</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego</b> Telephone Number <b>609-258-1841</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Guyot Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>		Square Feet <b>70</b>							
City (5) <b>Princeton</b>		# of Floors <b>70</b>							
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY) <b>Office/Classrooms</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No. <b>00003</b>							
Street Address <b>1253 North Church Rd</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>							
Start Date (10) <b>3 / 1 / 19</b>		License No. <b>00509</b>							
Scheduled Completion Date (11) <b>3 / 15 / 19</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</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 <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lab 303	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab 329	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab 323 & 323A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>2-13-19</b>			



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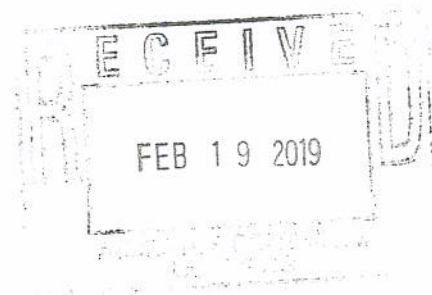
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 0059

Date of Notification (1) 06 / 07 / 18		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 10 2019 </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			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 bldgs., homes, etc.)		
Street Address 2211 Route 208			Square Feet 1,000,000 # Of Floors 3 Building Age 40 +		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Bakery		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway			
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936			
Project Mng. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108			
Sched. Start Date (10) 06 / 25 / 18		Sched. Completion Date (11) 06 / 24 / 19		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	R E P A I R
				E N C A P S U L	E N C L O S U R
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROLLER GASKETS	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKET	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR BAKE SHOP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 	Date 02/15/19	



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR BAKERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	5 SF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER JACKET	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC CHARGING AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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

**RECEIVED**  
FEB 19 2019

Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500							
		City, State, Zip Code Camden NJ 08103							
		Name of Contact	Telephone Number 1 800 971-6773						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000	# of Floors 7						
City (5) Camden		Bldg. Age 100 +							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 515 Grove Street, Suite 1B		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-656-2875	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 2 / 1 / 19	Scheduled Completion Date (11) 3 / 31 / 19	Name of OSHA Monitor Criterion Labs							
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: 7AM-4PM/ PM- AM		Street Address 400 Street Road							
		City, State, Zip Code Bensalem Pa 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement ADD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement ADD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINISTRATOR	Signature <i>Christine Del Viscio</i>			Date 2-15-2019				



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

1370-03

Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000							
City (5) Camden		# of Floors 7							
County (6) Camden		Bldg. Age 100 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.							
Street Address 700 Turner Way Suite 105		Name of Abatement Contractor (9) DELTA/BJDS, INC							
City, State, Zip Code Aston Pa 19014		Street Address 1345 INDUSTRIAL BLVD.							
Project Manager for Monitoring Firm David Brown		City, State, Zip Code SOUTHAMPTON PA 18966							
Telephone No. 610-558-8902		Telephone No. 215 322-2900							
License No. 00783		Name of OSHA Monitor Criterion Labs							
Start Date (10) 2 / 1 / 19		Scheduled Completion Date (11) 3 / 31 / 19							
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: 7AM-4PM / PM- AM		Street Address 400 Street Road							
City, State, Zip Code Bensalem Pa 19020									
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 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 SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date		City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature Christine DelViscio		Date 2-6-2019			



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

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1370-03

Date of Notification (1) <b>1 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</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>2 Riverside Drive Suite 500</b>	
		City, State, Zip Code <b>Camden NJ 08103</b>	
		Name of Contact	Telephone Number <b>1 800 971-6773</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The Victor 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 and commercial buildings, homes, etc.)	
Street Address <b>201 N. Front Street</b>			
City (5) <b>Camden</b>	Square Feet <b>90,000</b>	# of Floors <b>7</b>	Bldg. Age <b>100 +</b>
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
Street Address <b>700 Turner Way Suite 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>	
City, State, Zip Code <b>Aston Pa 19014</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>	
Project Manager for Monitoring Firm <b>David Brown</b>	Telephone No. <b>610-558-8902</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
Start Date (10) <b>2 / 1 / 19</b>	Scheduled Completion Date (11) <b>3 / 31 / 19</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 - Describe Time of Abatement: <b>7AM-4PM</b> PM- AM		Street Address <b>400 Street Road</b>	
		City, State, Zip Code <b>Bensalem Pa 19020</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>160 LF</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 <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE NEW CASTLE DE</b>			Disposal Date	City, State <b>WAYNESBURG, OHIO</b>	
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>	Title <b>ASST. ADMINISTRATOR</b>	Signature <i>Christine DelViscio</i>	Date <b>1-22-2019</b>		

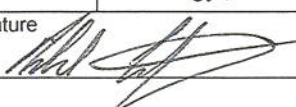


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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FEB 19 2019

Date of Notification (1) 2/15/19		Name of Building Owner/Operator (2) Donna Culbreth							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 Jersey City, NJ 07304							
		Name of Contact Donna Culbreth		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Jersey City				Square Feet 1975	# of Floors 2				
				Bldg. Age 65 +/-					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home					
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement					
Street Address				Street Address 280 N. Midland Ave.					
City, State, Zip Code				City, State, Zip Code Saddle Brook, NJ 07663					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305				
Start Date (10) 2/18/19		Scheduled Completion Date (11) 2/20/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M				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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	31 LF	x			
Basement		x		Wrapped Boiler	22 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 2 yd	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President		Signature 		Date 2/15/19			

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

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FEB 19 2019

Date of Notification (1) 2/15/19		Name of Building Owner/Operator (2) Judith Burd							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Judith Burd	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Phillipsburg	Square Feet 1900	# of Floors 2	Bldg. Age 65 +/-						
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/16/19	Scheduled Completion Date (11) 2/18/19	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: 8 A.M to 4 P.M.		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		VAT	181 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 2/15/19					



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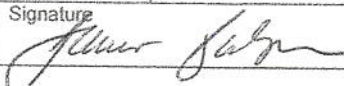
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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FEB 19 2019

Date of Notification (1) 02/14/2019		Name of Building Owner/Operator (2) McWilliams Forge Company						
Agencies Notified	Type Notification	Street Address 387 Franklin Ave.						
<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 Rockaway, NJ 07866						
		Name of Contact William Hunnicutt	Telephone Number 973-627-0200					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) McWilliams Forge Company Cafeteria		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 387 Franklin Ave.		Square Feet 10,000	# of Floors 1					
City (5) Rockaway		Bldg. Age 50+						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Cafeteria						
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental, Inc.		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 401 St. James Ave.		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-434-6316	License No. 0666					
Start Date (10) 02/26/2019	Scheduled Completion Date (11) 03/08/2019	Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Limited Occupancy</u>		Street Address 265A Route 46 Suite 3D						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Cafeteria		X	Window Caulk	14 Windows	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill/ Waste Management				
City, State Totowa, NJ		Disposal Date 03/08/2019		City, State Morrisville, PA				
Completed by Damir Valjevac		Title Project Manager	Signature 		Date 02/14/2019			

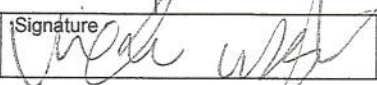
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

FEB 19 2019

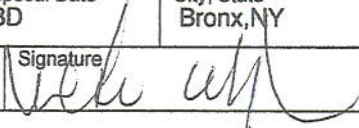
Date of Notification (1) 02/15/2019		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ, 07107							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Chris Pagan	Telephone Number 973-485-0701						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Irvington		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 02/18/2019		Scheduled Completion Date (11) 02/19/2019	License No. 01274						
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: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC							
		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		PIPE INSULATION	90 LF	x			
Name of Registered Waste Hauler EHW ABTEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 02/15/2019			



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

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FEB 19 2019

Date of Notification (1) 02/11/2019		Name of Building Owner/Operator (2) Casa Don Pedro							
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Chris Pagan	Telephone Number 973-485-0701						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		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) Orange	Square Feet N/A	# of Floors N/A	Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
		License No. 01274							
Start Date (10) 02/12/2019	Scheduled Completion Date (11) 02/13/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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
BASEMENT		X		PIPE INSULATION	10 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill Tri State Transfer					
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 02/11/2019			



OK 14750925 PAID

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

FEB 19 2019

Date of Notification (1) 02/05/2019		Name of Building Owner/Operator (2) Casio Builders LLC							
Agencies Notified	Type Notification	Street Address 552 Vernon RD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Greenville, PA							
		Name of Contact Steven Kurelko	Telephone Number 917-510-3276						
Name of Facility Where Abatement is Taking Place (3) Private House									
Street Address [REDACTED]		Type of Facility (4)							
City (5) Paramus NJ		<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.)							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Square Feet N/A	# of Floors N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Bldg. Age N/A							
Street Address		Current Use (Prior if being demolished) Private House							
City, State, Zip Code		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Project Manager for Monitoring Firm		Street Address 89 FRANKLIN STREET							
Telephone No.		City, State, Zip Code PATERSON, NJ, 07524							
Start Date (10) 02/06/2019	Scheduled Completion Date (11) 02/07/2019	Telephone No. 973-333-5144	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<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 89 FRANKLIN STREET							
Scope of Work (Check All That Apply)		City, State, Zip Code PATERSON, NJ, 07524							
<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
EXTIRIOR		X		CLEAN UP	TBD	X			
GARAGE		X		SIDDING	250 SF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature [Signature]		Date 02/05/19			



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

CK14756922 PAID

Date of Notification (1) 02/05/2019		Name of Building Owner/Operator (2) La Casa Don Pedro		FEB 19 2019	
Agencies Notified		Type Notification		Street Address 317 Roseville Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ, 07107	
Name of Contact Chris Pagan				Telephone Number 973-485-0701	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private House				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) East Orange				Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET			
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-5244	License No. 01274
Start Date (10) 02/07/2019		Scheduled Completion Date (11) 02/08/2019		Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 89 FRANKLIN STREET	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupie</u>				City, State, Zip Code PATERSON, NJ, 07524	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	30 LF
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY	
Completed by Victor Espiritu		Title Project Manager		Signature 	Date 02/05/2019



OK 777

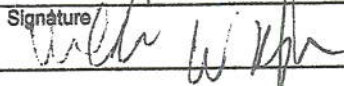
PAID

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

E C E I

Print Form

FEB 19 2019

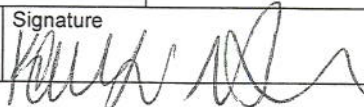
Date of Notification (1) 02/12/2019		Name of Building Owner/Operator (2) 1266 Apartment Corp							
Agencies Notified	Type Notification	Street Address 5 Horizon Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Fort Lee, NJ, 07024							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Michael Manager	Telephone Number 201-224-6300						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building Apartment		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 Horizon Rd		Square Feet N/A	# of Floors N/A						
City (5) Fort Lee		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 02/14/2019		Scheduled Completion Date (11) 02/17/2019	License No. 01274						
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: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC							
		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 RM #10		X		PIPE INSULATION	15 LF	X			
BASEMENT RM #10		X		CLEANUP	TBD				
BASEMENT RM #2		X		PIPE INSULATION	40 LF	X			
BASEMENT RM #6				PIPE INSULATION	40 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste	Name of Registered Landfill Tri State transfer					
City, State BRONX, NY		Disposal Date TBD	City, State Bronx, NY						
Completed by Victor Espiritu		Title Project Manager	Signature 				Date 02/12/2019		



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

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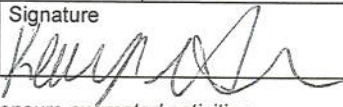
FEB 19 2019  
/ Job #1902-2403 Chk. #5283

Date of Notification (1) <u>2</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Ramblewood 73 Associates LLC</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 <b>PO Box 391</b> City, State, Zip Code <b>Deal, NJ 07723</b> Name of Contact <b>Marc Matut</b> Telephone Number <b>732-485-6855</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ramblewood Shopping Center Suite 9 &amp; 10</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1155 Rt. 73</b>		Square Feet <b>27,000</b>							
City (5) <b>Mount Laurel</b>		# of Floors <b>2</b>							
County (6) <b>Burlington</b>		Bldg. Age <b>40 years</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Shopping Center</b>							
Name of Monitoring Firm hired by Building Owner (8) <b>Finog Enviromental</b>		ASCM No.							
Street Address <b>617 Stokes Road</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
City, State, Zip Code <b>Medford, NJ 08055</b>		Street Address <b>3859 Sylon Boulevard</b>							
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>							
Telephone No. <b>888-715-2211</b>		Telephone No. <b>609-702-0400</b>							
Start Date (10) <u>2</u> / <u>26</u> / <u>19</u>		License No. <b>00862</b>							
Scheduled Completion Date (11) <u>3</u> / <u>6</u> / <u>19</u>		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>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile/Mastic	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Stall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <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>3/6/19</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Office Assistant</b>		Signature 		Date <b>2/13/19</b>			

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

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Date of Notification (1) <div style="text-align: center;">2 / 13 / 19</div>		Name of Building Owner/Operator (2) <b>Christopher J. Eler</b> / Job #1902-2407 Chk. #5282						
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>New Hope, PA 18938</b> Name of Contact <b>Christopher J. Eler</b> Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
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 [REDACTED]								
City (5) <b>Normandy Beach</b>		Square Feet <b>2165</b>	# of Floors <b>2</b> Bldg. Age <b>60 years</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>NA</b>		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
City, State, Zip Code		Street Address <b>3859 Sylon Boulevard</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Telephone No.		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>					
Start Date (10) <div style="text-align: center;">2 / 25 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 26 / 19</div>	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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>562 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>2/26/19</b>		City, State <b>Penn Argyle, PA</b>				
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Office Assistant</b>		Signature 		Date <b>2/13/19</b>		



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

D&S Proj. #: 19-30

UK 7473

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FEB 19 2019

Date of Notification (1) 02/11/19		Name of Building Owner/Operator (2) Carolina Thompson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code BERNARDSVILLE, NJ 07924	
		Name of Contact Carolina Thompson	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Carolina Thompson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) BERNARDSVILLE	County (6) somerse	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 02/14/19	Sched. Completion Date (11) 02/28/19			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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		boiler insulation	34 sq 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 02/15/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/13/19

CK 283

PAID

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

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FEB 19 2019

Date of Notification (1) 2/14/2019		Name of Building Owner/Operator (2) Rocco Varma/ Gaurisuta Realty LLC							
Agencies Notified	Type Notification	Street Address 181 Mt Bethel Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Warren NJ							
		Name of Contact Rocco Varma	Telephone Number 302-540-0183						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		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 181 Mt Bethel Road		Square Feet 3,500	# of Floors 3						
City (5) Warren		Bldg. Age 229							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	License No. 01334						
Start Date (10) 2/27/2019	Scheduled Completion Date (11) 3/14/2019	Name of OSHA Monitor Checkmark Industrial							
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 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Roof		X		roof material	2,545 SF	x			
Siding		X		Siding	1,825 SF	x			
Indoor Flooring		X		floor material	560 SF	x			
Attic		X		pipe insulation	60 LF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Waste Management					
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>		Date 2/14/2019			



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

CHK #3517

Date of Notification (1) 2 / 15 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 East Montgomery St		City, State, Zip Code Pittsburgh, PA 15212							
Name of Contact Anthony Porta		Telephone Number 412-633-4021							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Middletown Central Office		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 1009 NJ-35 North		Square Feet +20,000							
City (5) Middletown, NJ 07748		# of Floors 2							
County (6) Monmouth		Bldg. Age +75							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No.							
Street Address 1253 North Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Kris Smith		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-313-8218		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Start Date (10) 3 / 4 / 19		Scheduled Completion Date (11) 3 / 8 / 19							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM- _____PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Frame Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	19 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Entranceway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	15 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro/jm		Date 2-15-19			

ASB-41  
JAN 13 DP19001

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



B &amp; G proj. #:

2019-36

PAID

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

Check # 9142

Date of Notification (1) 02/14/19		Name of Building Owner/Operator (2) Kara Centineo	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Waldwick, NJ 07463	
Name of Contact Kara Centineo		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kara Centineo			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Waldwick, NJ 07643			County (6) Bergen		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 02/26/2019			Sched. Completion Date (11) 02/28/2019		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor B & G Restoration, Inc.	
Sched. Start Date (10) 02/26/2019		Sched. Completion Date (11) 02/28/2019		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure	
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
lower level			X	VAT (no mastic)	488 SF	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Disposal Date 02/28/2019		City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 02/14/2019



B &amp; G proj. #:

2019-35

PAID

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

Check # 9141

Date of Notification (1)

02/14/19

Name of Building Owner/Operator (2)

Dara Winston

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

East Brunswick, NJ 08816

Name of Contact

Dara Winston

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Dara Winston

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

City (5)

East Brunswick, NJ 08816

County (6)

Middlesex

County Code (7)

(State use only)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

02/25/2019

Sched. Completion Date (11)

02/27/2019

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ wrap & cut☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-friable procedureLocation of  
asbestos-containing  
material to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff(12)

Yes

No

N/A

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

R e m o v e	R e p a i r	E n c a p	E n c l
----------------------------	----------------------------	-----------------------	------------------

family room, laundry room  
bathroom & office☐☐☒

transite pipe

44 LF

☒☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

02/27/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

02/14/2019



B &amp; G proj. #: 2019-37

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

Check # 9143

PAID

Date of Notification (1) 02/14/19		Name of Building Owner/Operator (2) Leo Nardone	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Leo Nardone	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Leo Nardone			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Maplewood, NJ 07040			County (6) Essex	County Code (7) (State use only)	Bldg. Age
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 02/27/2019	Sched. Completion Date (11) 02/28/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	33 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/28/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/14/2019



CK 5424

PAID

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

E C F I V E

FEB 19 2019

Date of Notification (1)

2/14/18

Name of Building Owner/Operator (2)

Delphi LLC

Agencies Notified

- ☒ EPA  
☒ DEP  
☒ DOL  
  
☒ DOH  
☐ DCA

Type Notification

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

Street Address

PO Box 69

City, State, Zip Code

Secell NJ 08040

Name of Contact

Gary

Telephone Number

609 805 4942

Name of Facility Where Abatement is Taking Place (3)

Resident

## FACILITY INFORMATION

Type of Facility (4)

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

Street Address

Square Feet

# of Floors

Bldg. Age

City (5)

Atlantic City

County (6)

Atlantic County

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Air Ice Abatement Contractors LLC

Street Address

1212 Burlington Ave

City, State, Zip Code

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

2/24/18

Scheduled Completion Date (11)

2/24/18

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

- ☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

- ☐ Renovation  
☒ Demolition

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

Location of  
Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility  
(13)Is Location  
Normally  
Used Solely by  
Maintenance/  
Custodial Staff?  
(12)

Yes No N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing,  
VAT, or  
other miscellaneous)Amount  
(Specify  
SF or LF)Abatement  
Type

Removal

Repair

Encapsulation

Enclosure

Stair Well Stair Leads of

Landing 2nd Floor Left Side

Kitchenette 3rd Floor Center Hall

1st Floor rear restroom &amp; Bathroom

1212 Green Floor tile

290 SF

Fen/Brown Vinylum Floor

270

Name of Registered Waste Hauler

NJDEP Waste  
Hauler ID No.  
20547Cubic Yards  
of Waste

Name of Registered Landfill

WM of PA

Disposal Date

Signature

Date

Completed by

Joseph T. Hall

Title

V. President

City, State

Hilltown Pa

2/14/18



CK# 4748

PAID

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

FEB 19 2019

Date of Notification (1) <u>2-11-19</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDDING</u>							
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 <u>8 CLERMONT DR.</u>							
		City, State, Zip Code <u>CLERMONT N.J. 08210</u>							
		Name of Contact <u>JIM</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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) <u>CAPE MAY</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>						
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMO INC</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>						
Start Date (10) <u>2-21-19</u>	Scheduled Completion Date (11) <u>2-31-19</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3 yds</u>	Name of Registered Landfill <u>C.M.C. M.V.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE N.J.</u>					
Completed By <u>Michael Klemm</u>		Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>		Date <u>2-11-19</u>				



CK#4748

PAID

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


FEB 19 2019

Date of Notification (1) <u>2-11-19</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENT.</u>							
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 <u>601 W. CLARKSLANDING RD</u>							
		City, State, Zip Code <u>EGG HARBOR N.J. 08218</u>							
		Name of Contact <u>TOM</u>	Telephone Number <u>609-965-7498</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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 <u>[REDACTED]</u>									
City (5) <u>OCEAN CITY</u>	Square Feet <u>1500</u>	# of Floors <u>7</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>						
Start Date (10) <u>2-21-19</u>	Scheduled Completion Date (11) <u>2-21-19</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft		<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 IN Facility (13)</u>	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) <u>1000 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRAW SITE</u>	<u>1000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACVA</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>		Date <u>2-11-19</u>				



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

FEB 19 2019

Date of Notification (1) <b>02 / 13 / 19</b>		Name of Building Owner/Operator (2) <b>D &amp; A Demo, LLC</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2156 Camplain Road</b>							
		City, State, Zip Code <b>Hillsborough, NJ 08844</b>							
		Name of Contact <b>Antonio Dimuzio</b>	Telephone Number <b>732-713-4496</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Wantage</b>		Square Feet <b>2500 sf</b>	# of Floors <b>2</b>						
		Bldg. Age <b>80</b>							
County (6) <b>Sussex</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>ASCM No.</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.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>02 / 14 / 19</b>	Scheduled Completion Date (11) <b>02 / 15 / 19</b>	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>2400 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>02/15/19</b>	City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>2/13/19</b>			



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

FEB 19 2019

Date of Notification (1) 02/07/2019		Check # 3323		Name of Building Owner/Operator (2) Holy Spirit School					
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 984 Suburban Road  City, State, Zip Code Union, NJ, 07083  Name of Contact Fr. Armand  Telephone Number 908-768-7857					
Name of Facility Where Abatement is Taking Place (3) Holy Spirit School (Pre-K Building)									
Street Address 984 Suburban Rd			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Union		County (6) Union		County Code (7) (STATE USE ONLY)					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Jersey City, NJ, 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700 License No. 01074					
Start Date (10) 02/09/19		Scheduled Completion Date (11) 02/11/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 11am				Street Address N/A  City, State, Zip Code N/A					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Boiler Room	X			ACM Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise			
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH			
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 02/07/19			

NOCK

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

RECEIVED


FEB 19 2019

Date of Notification (1) 2/12/19		Name of Building Owner/Operator (2) Montclair Township Board of Education	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	22 Valley Rd	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # <u>1</u>	Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Emidio D'Andrea	973-509-4000

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Watchung Elementary School		Type of Facility (4)	
Street Address 14 Garden Street		<input type="checkbox"/> School (K-12)	
City (5) Montclair, NJ 07042		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Square Feet 40,000 SF	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Bldg. Age 55+
Street Address 300 Grand Ave		Current Use (Prior if being demolished) Elementary School	
City, State, Zip Code Englewood, NJ 07631		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. (201) 569-6708	Street Address 32 Willow Way
Start Date (10) 4/19/19		Telephone No. 973-333-9176	City, State, Zip Code Woodland Park, NJ 07424
Scheduled Completion Date (11) 4/24/19		License No. 01331	Name of OSHA Monitor Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure		
		<input 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
Annex Area - Crawl Space	X			Pipe Insulation	300 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3+	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 2/12/19



**PAID**

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check# 3210

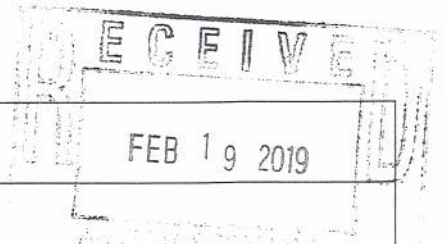
GAC Project # 060-18

**RECEIVED**

Date of Notification (1) <b>February 13, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>NEWARK</b>		County (6) <b>ESSEX</b>	City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>STANLEY BERGEN BLDG, BLDG# 7252</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>N/A</b> # of Floors: <b>15</b> Bldg. Age: <b>80+ years</b>		
Street Address <b>RBHS NEWARK CAMPUS</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>02/23/2019</b>		Scheduled Completion Date (11) <b>02/25/19</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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 <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u>	
GB-15 Corridor	<input checked="" type="checkbox"/>	WALL TILE MASTIC	80 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>02/25/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>February 13, 2019</b>		



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



Date of Notification (1) <b>2 / 7 / 19</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input 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>1 Turnpike Plaza</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>Matthew J. O'Hara</b> Telephone Number <b>732-336-9722</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Maintenance District 4 Mile Post 80 (TMD5)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Mile Post 80, NJ Turnpike</b>		Square Feet <b>7,500</b>							
City (5) <b>Milltown</b>		# of Floors <b>1</b>	Bldg. Age <b>~50 Years</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Compliance Monitoring, Inc.</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Tricon Enterprises, Inc.</b>						
Street Address <b>349 Route 206</b>		Street Address <b>322 Beers Street</b>							
City, State, Zip Code <b>Hillborough, NJ 08844</b>		City, State, Zip Code <b>Keyport, NJ 07735</b>							
Project Manager for Monitoring Firm <b>Keith Conlin</b>		Telephone No. <b>908-625-9433</b>	Telephone No. <b>732-739-1200</b>						
License No. <b>1095</b>		Name of OSHA Monitor <b>N/A</b>							
Start Date (10) <b>2 / 25 / 19</b>	Scheduled Completion Date (11) <b>3 / 15 / 19</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>N/A</b> City, State, Zip Code <b>N/A</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bunk Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 White Floor Tile	370 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 White Floor Tile	499 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 White Floor Tile	382 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway "A"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 White Floor Tile	448 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>S2265</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/15/19</b>		City, State <b>Newburgh, PA</b>					
Completed By (Print or Type) <b>Thomas Camarda</b>		Title <b>Sr. Project Manager</b>		Signature 		Date <b>2/7/2019</b>			



## FEB 19 2019

FEB 19 2019

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

FEB 19 2019

DOL - 10 DAY

Date of Notification (1) 02 / 13 / 19		Name of Building Owner/Operator (2) Calvin Cunningham							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Pennsauken, NJ 08110 Name of Contact Calvin Cunningham Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cunningham Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED] City, State, Zip Code Pennsauken, NJ 08110		Square Feet 1,440	# of Floors 2						
County (6) Camden	County Code (7) (STATE USE ONLY)	Bldg. Age 104							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Welsgarbar		Telephone No. 609-295-4070	License No. 00842						
Start Date (10) 02 / 18 / 19	Scheduled Completion Date (11) 02 / 20 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	63 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heater Insulation	50 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 Freehold Cartago		NJDEP Waste Hauler ID No. 15839	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/20/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 2-13-19			

A35-01  
JAN 13

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

7/2 d

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

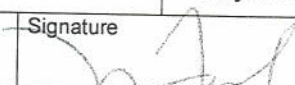
2019-02-13 09:00



CH360412

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:27)

RECEIVED
FEB 19 2019
ASBESTOS 360412

Date of Notification (1) <b>02 / 14 / 19</b>		Name of Building Owner/Operator (2) <b>Sterling Management, LLC</b>		<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>915 Bennett Mills Road, #1133</b> City, State, Zip Code <b>Jackson, NJ 08527</b> Name of Contact <b>Yaakov Weiss</b>		Telephone Number <b>732-995-2606</b>
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address [REDACTED]				Square Feet <b>2500</b>				
City (5) <b>Hamilton</b>				# of Floors <b>2</b>		Bldg. Age <b>80</b>		
County (6) <b>Mercer</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>Guardian Contracting, Inc.</b>			ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>			
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>					
City, State, Zip Code <b>Toms River, New Jersey 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755</b>					
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>		Telephone No. <b>732-349-9932</b>		License No. <b>00624</b>		
Start Date (10) <b>02 / 25 / 19</b>		Scheduled Completion Date (11) <b>02 / 27 / 19</b>		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos pipe insulation</b>	<b>100 lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>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>2/27/19</b>		City, State <b>Tullytown, Pennsylvania</b>			
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>2/14/19</b>		



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

RECEIVED  
FEB 19 2019  
ASBESTOS CONTROL

10 CH  
Date of Notification (1)

2 / 13 / 19  
Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #7  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
PRUDENTIAL FINANCIAL

Street Address  
751 BROAD STREET

City, State, Zip Code  
NEWARK, NEW JERSEY 07102

Name of Contact  
JASON MCCAULEY

Telephone Number  
973-802-4072

Name of Facility Where Abatement is Taking Place (3)  
PRUDENTIAL BUILDING

Street Address  
751 BROAD STREET - 6TH FLOOR

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

Street Address  
28 NORTH PENNELL ROAD  
City, State, Zip Code

MEDIA, PA 19063

Project Manager for Monitoring Firm  
RONALD KHACHADOURIAN

Telephone Number  
610-891-0114

Expected State Date (10)  
10 / 16 / 18  
Month Day Year

Sched. Completion Date (11)  
2 / 13 / 19  
Month Day Year

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 6 PM-2 AM

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment  
☐ Mini-Enclo,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Type of Facility (4)

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

Square Feet  
785,000

# of Floors  
27

Bldg. Age  
58

Current Use (Prior if being demolished) Pharm. Lab.  
COMMERCIAL

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Name of OSHA Monitor  
QUALITY

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGERS FALLS, NEW YORK 12590

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

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

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

Amount (Specify SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSUL ENCLOSUR

6TH FLOOR - ENTIRE

ADDITION TO SCOPE:  
BASEMENT TUNNEL

FLOOR TILE & MASTIC COMPLETE

18,000 SF

x

PIPE INSULATION COMPLETE

12 LF

x

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
120

Disposal Date  
10/15-03/30/19

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State  
PLAINFIELD TOWNSHIP, PA

Date

City, State  
NEWARK, NEW JERSEY  
Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

2/13/19



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

**RECEIVED**  
FEB 19 2019  
ASBESTOS CONTROL & ABATEMENT

Date of Notification (1)

2 / 4 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #6  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

PRUDENTIAL FINANCIAL

Street Address

751 BROAD STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

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

Square Feet

785,000

# of Floors

27

Bldg. Age

58

Current Use (Prior if being demolished) Pharm. Lab.  
COMMERCIAL

City (5)

NEWARK

County (6)

ESSEX

County Code (7)  
(STATE USE ONLY)

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Expected State Date (10)

10 / 16 /18  
Month Day Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

Name of OSHA Monitor  
QUALITY

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 6 PM-2 AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment  
☐ Mini-Enclo,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

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

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL  
REPAIR  
ENCAPSUL  
ENCLOSUR

6TH FLOOR -ENTIRE

FLOOR TILE & MASTIC

18,000 SF

x

ADDITION TO SCOPE:

BASEMENT TUNNEL

PIPE INSULATION

12 LF

x

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste  
Hauler ID No.  
913

Cubic Yards of Waste  
120

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date  
10/15-03/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

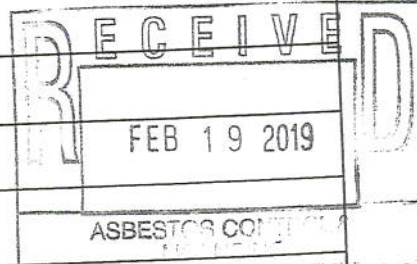
Signature

Date

2-4-19



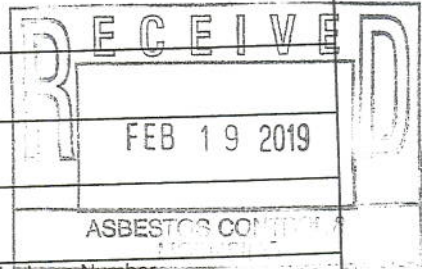
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)



<b>Date of Notification (1)</b> 1 / 23 /19		<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL									
		<b>Street Address</b> 751 BROAD STREET									
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION									
		<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102									
		<b>Name of Contact</b> JASON MCCAULEY	<b>Telephone Number</b> 973-802-4072								
<b>FACILITY INFORMATION</b>											
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)									
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR		<b>Square Feet</b> 785,000	<b># of Floors</b> 27								
<b>City (5)</b> NEWARK		<b>Bldg. Age</b> 58									
<b>County (6)</b> ESSEX		<b>Current Use (Prior if being demolished)</b> Pharm. Lab. COMMERCIAL									
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION									
<b>Street Address</b> 28 NORTH PENNELL ROAD		<b>Street Address</b> 313 SPOOK ROCK ROAD									
<b>City, State, Zip Code</b> MEDIA, PA 19063		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901									
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN		<b>Telephone Number</b> 610-891-0114	<b>Telephone Number</b> 845-369-7500								
<b>Expected State Date (10)</b> 10 / 16 /18		<b>License Number</b> 1101									
<b>Sched. Completion Date (11)</b> 3 / 30 /19		<b>Name of OSHA Monitor</b> QUALITY									
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6 PM-2 AM		<b>Street Address</b> 1376 ROUTE 9									
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure									
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Abatement Type</b> <table border="1" style="width:100%; text-align: center;"> <tr> <th>REMOVAL</th> <th>REPAIR</th> <th>ENCAPSUL</th> <th>ENCLOSUR</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)									
6TH FLOOR -ENTIRE		FLOOR TILE & MASTIC									
ADDITION TO SCOPE: BASEMENT TUNNEL		PIPE INSULATION									
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120								
<b>City, State</b> NEWARK, NEW JERSEY		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY									
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Disposal Date</b> 10/15-03/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA								
<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 	<b>Date</b> 1/23/19								



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



Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 751 BROAD STREET	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code NEWARK, NEW JERSEY 07102	
		Name of Contact JASON MCCAULEY	Telephone Number 973-802-4072

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 751 BROAD STREET - 6TH FLOOR		Square Feet 785,000	# of Floors 27
City (5) NEWARK		County Code (7) (STATE USE ONLY) ESSEX	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 28 NORTH PENNELL ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MEDIA, PA 19063		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm RONALD KHACHADOURIAN		Telephone Number 610-891-0114	Telephone Number 845-369-7500
Expected State Date (10) 10 / 16 / 18		Sched. Completion Date (11) 3 / 30 / 19	License Number 1101

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6 PM-2 AM		Name of OSHA Monitor QUALITY
Street Address 1376 ROUTE 9		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

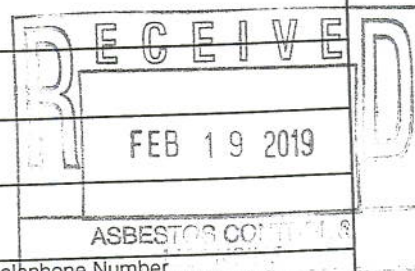
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	X			
ADDITION TO SCOPE:									
BASEMENT TUNNEL				PIPE INSULATION	12 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA	Date 1/22/19
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	



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



Date of Notification (1)

11 / 8 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

PRUDENTIAL FINANCIAL

Street Address

751 BROAD STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

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

Square Feet

785,000

# of Floors

27

Bldg. Age

58

Current Use (Prior if being demolished) Pharm. Lab.

COMMERCIAL

City (5)

NEWARK

County (6)

ESSEX

County Code (7)  
(STATE USE ONLY)

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

City, State, Zip Code

MEDIA, PA 19063

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Expected State Date (10)

10 / 16 /18  
Month Day Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

Name of OSHA Monitor

QUALITY

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 6 PM-2 AM  
SATURDAY & SUNDAY 7 AM-12AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
120

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

City, State  
PLAINFIELD TOWNSHIP, PA

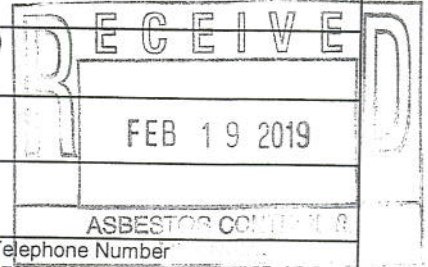
Date

11/8/18



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

<b>Date of Notification (1)</b> 10 / 19 / 18		<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 751 BROAD STREET		<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102	
<b>Name of Contact</b> JASON MCCAULEY		<b>Telephone Number</b> 973-802-4072	



<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR		<b>Square Feet</b> 785,000	<b># of Floors</b> 27
<b>City (5)</b> NEWARK		<b>Bldg. Age</b> 58	
<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL</b>	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 28 NORTH PENNELL ROAD		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> MEDIA, PA 19063		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN	<b>Telephone Number</b> 610-891-0114	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 10 / 16 / 18	<b>Sched. Completion Date (11)</b> 3 / 30 / 19	<b>Name of OSHA Monitor</b> QUALITY	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6 PM-2 AM SATURDAY & SUNDAY 7 AM-12AM		<b>Street Address</b> 1376 ROUTE 9	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY
<b>City, State</b> NEWARK, NEW JERSEY	<b>Disposal Date</b> 10/15-03/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/19/18



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

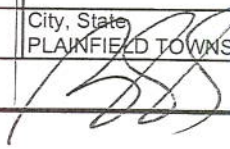
<b>RECEIVED</b>	
FEB 19 2019	
ASBESTOS CONTROL	

Date of Notification (1) 10 / 12 / 18		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 751 BROAD STREET	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code NEWARK, NEW JERSEY 07102	
		Name of Contact JASON MCCAULEY	Telephone Number 973-802-4072

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 751 BROAD STREET - 6TH FLOOR			Square Feet 785,000	# of Floors 27	Bldg. Age 58
City (5) NEWARK	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC			ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 28 NORTH PENNELL ROAD			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MEDIA, PA 19063			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm RONALD KHACHADOURIAN			Telephone Number 610-891-0114	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 10 / 16 / 18 Month Day Year		Sched. Completion Date (11) 3 / 30 / 19 Month Day Year	Name of OSHA Monitor QUALITY		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6 PM-2 AM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/12/18

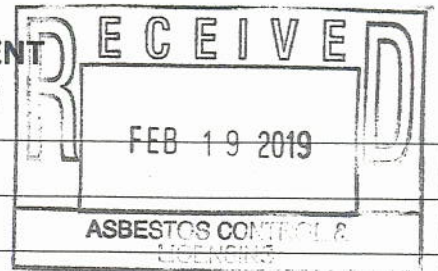


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<b>Date of Notification (1)</b> <div style="display: flex; justify-content: space-around;"> <span>10 / 4 / 18</span> </div>				<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL				<div style="font-size: 48pt; font-weight: bold; letter-spacing: 5px;">RECEIVE</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">FEB 19 2019</div>			
<b>Agencies Notified</b> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> EPA</div> <div><input checked="" type="checkbox"/> DEP</div> <div><input checked="" type="checkbox"/> DOL</div> <div><input checked="" type="checkbox"/> DOH</div> <div><input type="checkbox"/> DCA</div> </div>		<b>Type Notification</b> <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Initial Notification</div> <div><input type="checkbox"/> Amended Notification</div> <div><input type="checkbox"/> Cancellation</div> <div><input type="checkbox"/> On Hold</div> <div><input type="checkbox"/> EMERGENCY NOTIFICATION</div> </div>		<b>Street Address</b> 751 BROAD STREET							
				<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102							
				<b>Name of Contact</b> JASON MCCAULEY		<b>Telephone Number</b> 973-802-4072					
<b>FACILITY INFORMATION</b>											
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING						<b>Type of Facility (4)</b> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> School (K-12)</div> <div><input type="checkbox"/> Subchapter 8 (Other than K-12)</div> <div><input checked="" type="checkbox"/> Other (ie. private &amp; commcl. bldgs., homes, etc.)</div> </div>					
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR						<b>Square Feet</b> 785,000	<b># of Floors</b> 27	<b>Bldg. Age</b> 58			
<b>City (5)</b> NEWARK		<b>County (6)</b> ESSEX		<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL</b>					
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC				<b>ASCM No.</b>		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION					
<b>Street Address</b> 28 NORTH PENNELL ROAD				<b>Street Address</b> 313 SPOOK ROCK ROAD							
<b>City, State, Zip Code</b> MEDIA, PA 19063				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901							
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN				<b>Telephone Number</b> 610-891-0114		<b>Telephone Number</b> 845-369-7500					
						<b>License Number</b> 1101					
<b>Expected State Date (10)</b> 10 / 15 / 18		<b>Sched. Completion Date (11)</b> 3 / 30 / 19		<b>Name of OSHA Monitor</b> QUALITY							
Month Day Year		Month Day Year									
<b>Occupancy Status During Abatement (Check only one)</b> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement</div> <div><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:</div> <div><input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6 PM-2 AM</div> </div>						<b>Street Address</b> 1376 ROUTE 9					
						<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590					
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Demolition</div> <div><input type="checkbox"/> &gt;3SF OR LF</div> <div><input checked="" type="checkbox"/> &gt;160 SF OR 260 LF</div> </div>						<div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Full Containment</div> <div><input type="checkbox"/> Mini-Enclo ,</div> <div><input type="checkbox"/> Glovebag Procedure</div> <div><input type="checkbox"/> Non-Friable Procedure</div> </div>					
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> <div style="display: flex;"> <div>Yes</div> <div>No</div> <div>N/A</div> </div>		<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		<b>Amount (Specify SF or LF)</b>		<b>Abatement Type</b> <div style="display: flex; justify-content: space-around;"> <div>REMOVAL</div> <div>REPAIR</div> <div>ENCAPSUL</div> <div>ENCLOSUR</div> </div>			
6TH FLOOR -ENTIRE		X		FLOOR TILE & MASTIC		18,000 SF		x			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY					
<b>City, State</b> NEWARK, NEW JERSEY				<b>Disposal Date</b> 10/15-03/30/19		<b>City, State</b> PLAINFIELD TOWNSHIP, PA					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 10/4/18					



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



Date of Notification (1) 2-14-2019		Name of Building Owner / Operator (2) Bavint Corp	
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(Courtesy) <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 555 South Avenue		City, State & Zip Code Garwood, NJ 07027	
Name of Contact Frank Bavosa		Telephone Number 908-232-0871/654-3026	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Ferraro's Restaurant			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 18 Elm Street			Square Feet 1,820		
City (5) Westfield, NJ			County (6) Union		County Code (7)
Current Use (Prior if being demolished) Restaurant			# of Floors 1		
Bldg. Age 99 yrs			Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		
Street Address P.O. Box 365			ASCM No.		
City, State & Zip Code Berlin, NJ 08009			Name of Abatement Contractor (9) Resource Management Group, LLC		
Project Manager for Monitoring Firm Mr. Jim Proctor			Street Address 2115 Hamilton Ave, Suite 202		
Telephone Number 856-452-1311			City, State & Zip Code Trenton, NJ 08619		
Scheduled Start Date (10) 2-27-2019			Scheduled Completion Date (11) 3-5-2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			Telephone Number 609-914-4279		
Name of OSHA Monitor J&S Environmental Laboratories, Inc.			License Number 01185		
Street Address 2333 Route 22 West			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

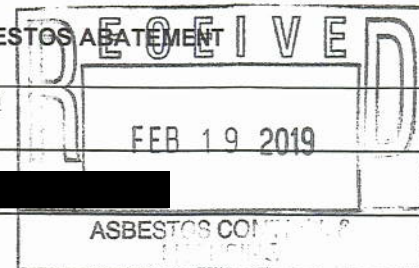
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Bathroom Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 2/14/2019



STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

PAID



Date of Notification (1) 02/02/2019		Name of Building Owner/Operator (2) Natalya Paykina		Street Address [REDACTED]	
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA		Type of Notification (X) Initial Notification ( ) Amended Amendment # ( ) Emergency (including justification) ( ) Cancellation		City, State, Zip Code Guttenberg, NJ 07093	
		Name of Contact Natalya Paykina		Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address [REDACTED]			Entire Building: Sq. Feet: ~ 860,000 # of Floors 44 Bldg. Age 41		
City (5) Guttenberg	County (6) HUDSON	County Code (7) (State Use Only)	Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.		
Street Address N/A			Street Address 3300 Hudson Avenue		
City, State, Zip Code N/A			City, State, Zip Code Union City, NJ 07087		
Project Manager for Monitoring Firm N/A		Telephone Number		License Number 01124	
Scheduled Start Date (10) 02/12/2019		Scheduled Completion Date (11) 02/22/2019		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied area			Street Address 3300 Hudson Avenue		
			City, State, Zip Code Union City, NJ 07087		
Source of Work (Check all that apply) ( ) Demolition (X) Renovation					
( ) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure					
( ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Mini-Enclosure					
(X) Large Project (>160 SF or > 260 LF ACM) ( ) Glove-bag Procedure					
(X) 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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type	
Bedroom	X	wood floor with mastic residue	~ 242 SQ FT	Removal	Repair Encapsulate Enclosure
Name of Reg. Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 20	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road		
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 02/22/2019	City, State Pen Argyl, PA 18072			
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 02/02/2019		



# PAID

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

Date of Notification (1)

2/13/2019

Name of Building Owner/Operator (2)

SUWANSIRI, SURACHIT &amp; BORIBOON

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

91 Rossmore Pl

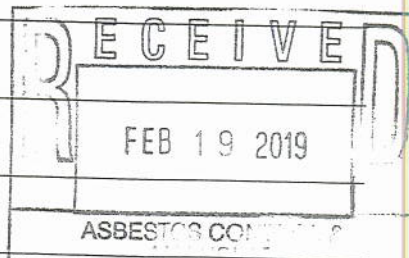
City, State, Zip Code

Belleville, NJ, 07109

Name of Contact

Komit Wongsiri

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SUWANSIRI, SURACHIT &amp; BORIBOON

Street Address

91 Rossmore Pl

City

Belleville

County

Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

02 22 19

Sched. Completion Date (11)

02 24 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe insulation	100 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date  
02/25/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

2/13/2019



Feb. 13. 2019 11:54 AM A. Mac Contracting

2012620321

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 26:26 and 26:27)

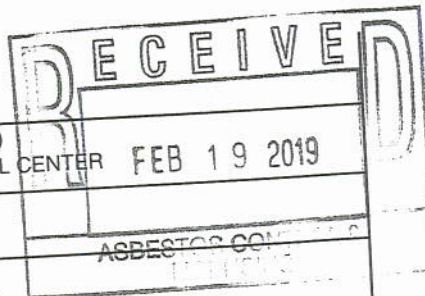
**RECEIVED**  
 PAGE 2/3  
 FEB 19 2019  
 DO NOT WRITE  
 ASBESTOS CONTROL

**CH 1209**

Date of Notification (10) <b>2/13/19</b>		Name of Building Owner/Owner (8) <b>RICH DELAROCHE</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCN <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) Consultation	City, State, Zip Code <b>WEBHAWKEN NJ 07087</b>						
Name of Facility Where Abatement is Taking Place (3) <b>DE LAROCHE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		City (5) <b>WEBHAWKEN</b>						
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)	Current Use (After 1 being demolished) <b>RES</b>					
Name of Monitoring Firm Hired by Building Owner (9)		ASCM No.	Name of Abatement Contractor (1) <b>A. Mac Contracting Inc.</b>					
Street Address		Street Address <b>185 Vreeland Ave.</b>						
City, State, Zip Code		City, State, Zip Code <b>Midland Park, N.J.</b>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-282-6841</b>					
Start Date (16) <b>2/13/19</b>		Scheduled Completion Date (11) <b>2/20/19</b>	License No. <b>00189</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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>						
Street Address <b>280 Huyler Street</b>		City, State, Zip Code <b>Hackensack, N.J. 07606</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> 10 or more sq. ft. of or more than 100 sq. ft. of 1000 ft. <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Gloving Procedure Non-Removal ("") and Non-Private Practices								
Location of Asbestos-Containing Material (ACM) ISOLATED 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 material/structure)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A			
<b>BASEMENT</b>			<b>PIPE</b>	<b>135 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		HAZOP Waste Hauler (15) No. <b>04808</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>				
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>2/13/19</b>	City, State <b>Pen Argyl, PA 08072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>R. McDonald</b>		Date <b>2/13/19</b>			



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



Date of Notification (1)

2 / 3 /19

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City, State, Zip Code  
HACKENSACK, NEW JERSEY 07601

Name of Contact  
DONALD FARRELL

Telephone Number  
551-996-3778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City (5)  
HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.  
99

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

Street Address  
300 KIMBALL DRIVE  
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Expected State Date (10)  
1 / 14 /19  
Month Day Year

Sched. Completion Date (11)  
5 / 30 /19  
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Monday -Friday 7am -3:30pm

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING		PIPE INSULATION	70 LF	X			
BASEMENT -ST JOHN'S BLDG.		PIPE INSULATION	20 LF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

City, State  
NEWARK, NEW JERSEY 07105

Completed by (Print or Type)  
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
10

Disposal Date  
1/11-5/30/19

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
PLAINFIELD TOWNSHIP, PA

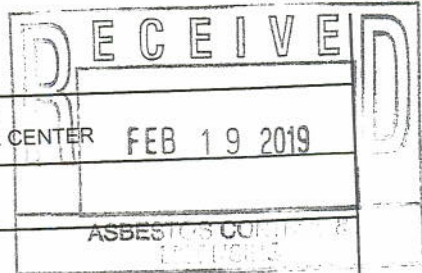
Date  
2/13/19

Title  
DIRECTOR OF OPERATIONS

Signature



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



Date of Notification (1)

1 / 10 / 19

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City, State, Zip Code  
HACKENSACK, NEW JERSEY 07601

Name of Contact  
DONALD FARRELL

Telephone Number  
551-996-3778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Street Address  
30 PROSPECT AVENUE

City (5)  
HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

ASCM No.  
99

Current Use (Prior if being demolished)  
HOSPITAL

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
300 KIMBALL DRIVE  
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Expected State Date (10)  
1 / 14 / 19  
Month Day Year

Sched. Completion Date (11)  
5 / 30 / 19  
Month Day Year

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Monday - Friday, 7am - 3:30pm

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	PIPE INSULATION	70 LF	X			
BASEMENT -ST JOHN'S BLDG.			X	PIPE INSULATION	20 LF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.  
City, State  
NEWARK, NEW JERSEY 07105

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
10

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

Disposal Date  
1/11-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

1/10/19



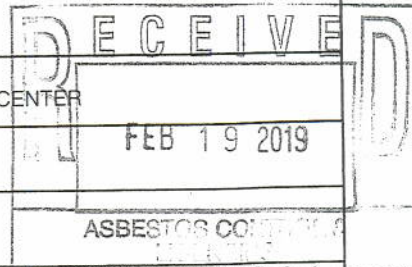
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED  
FEB 19 2019

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



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




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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	PIPE INSULATION	70 LF	X			
BASEMENT -ST JOHN'S BLDG.			X	PIPE INSULATION	20 LF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No.			Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Disposal Date 11/26-5/30/19	City, State PLAINFIELD TOWNSHIP, PA	Date 11/21/18			

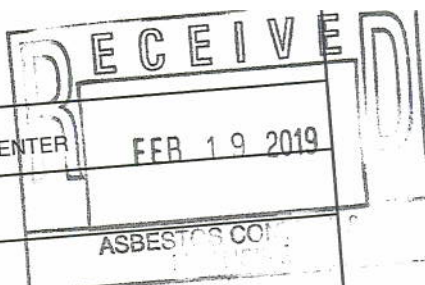


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> 11 / 15 / 18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="margin-top: 10px; font-weight: bold; font-size: 1.2em;">FEB 19 2019</div>
		<b>Street Address</b> 30 PROSPECT AVENUE		
<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601		<b>Telephone Number</b> 551-996-3778		
<b>Name of Contact</b> DONALD FARRELL				
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>FACILITY INFORMATION</b>				
<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 30 PROSPECT AVENUE			<b>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>City (5)</b> HACKENSACK			<b>County Code (7) (STATE USE ONLY)</b> 99	
<b>County (6)</b> BERGEN			<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL			<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 300 KIMBALL DRIVE			<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL			<b>Telephone Number</b> 973-560-4983	<b>Telephone Number</b> 845-369-7500
<b>Expected State Date (10)</b> 12 / 7 / 18			<b>Sched. Completion Date (11)</b> 5 / 30 / 19	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm			<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	<b>Amount (Specify SF or LF)</b>
3RD FLOOR MAIN BUILDING		X	PIPE INSULATION	70 LF
BASEMENT -ST JOHN'S BLDG.		X	PIPE INSULATION	20 LF
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.		<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>City, State</b> NEWARK, NEW JERSEY 07105		<b>Disposal Date</b> 11/26-5/30/19		<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 
				<b>Date</b> 11/15/18



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



Date of Notification (1)

2 / 13 / 19

Agencies Notified

☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #6  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City, State, Zip Code  
HACKENSACK, NEW JERSEY 07601

Name of Contact  
DONALD FARRELL

Telephone Number  
551-996-3778

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City (5)  
HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.  
99

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

Street Address  
300 KIMBALL DRIVE  
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Expected State Date (10)  
12 / 13 / 18

Month Day Year

Sched. Completion Date (11)  
5 / 30 / 19

Month Day Year

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 7AM-3A;30 PM

Scope of Work (Check all that apply)

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

☒ Renovation

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

☒ Wrap & Cut

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

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

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

Amount  
(Specify  
SF or LF)

Abatement Type  
REMOVAL REPAIR ENCAPSUL ENCLOSUR

3RD FLOOR MAIN BUILDING

ST. JOHNS BUILDING BASEMENT

ST. JOHNS BUILDING BASEMENT

ADDITION TO SCOPE:

3RD FLOOR MAIN BUILDING

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

COMPLETE

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

City, State  
NEWARK, NEW JERSEY 07105  
Completed by (Print or Type)  
BENJAMIN SANCHEZ

NJDEP Waste  
Hauler ID No.

Cubic Yards of Waste  
80

Disposal Date  
12/13-5/30/19

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
PLAINFIELD TOWNSHIP, PA

Date  
2/13/19

Title  
DIRECTOR OF OPERATIONS

Signature  
BSS



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

33455

Date of Notification (1)

1 / 30 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

DONALD FARRELL

Telephone Number  
551-996-3778

RECEIVE

FEB 19 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City (5)

HACKENSACK

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.

99

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING & ENVIRONMENTAL

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

12 / 13 /18  
Month Day Year

Sched. Completion Date (11)

5 / 30 /19  
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Type of Facility (4)

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

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Current Use (Prior if being demolished)

HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini-Enclo.

☒ Glovebag Procedure

☒ Non-Friable Procedure

☒ Wrap & Cut

Abatement Type

REMOVAL  
REPAIR  
ENCAPSUL  
ENCLOSUR

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

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

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

Amount  
(Specify  
SF or LF)

3RD FLOOR MAIN BUILDING

X

VAT & MASTIC

COMPLETE

2,100 SF

X

ST. JOHNS BUILDING BASEMENT

X

VAT & MASTIC

COMPLETE

4,000 SF

X

ST. JOHNS BUILDING BASEMENT

X

GLUE & CEILING TILE

COMPLETE

740 SF

X

ADDITION TO SCOPE:

3RD FLOOR MAIN BUILDING

X

PIPE FITTINGS

100 LF

X

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste  
Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY 07105

Disposal Date  
12/13-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

1/30/19



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

**RECEIVED**  
FEB 19 2019

Date of Notification (1)

1 / 3 / 19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City, State, Zip Code  
HACKENSACK, NEW JERSEY 07601

Name of Contact  
DONALD FARRELL

Telephone Number  
551-996-3778

ASBESTOS CONTAINMENT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City (5)  
HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.  
99

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

Street Address  
300 KIMBALL DRIVE  
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Expected State Date (10)  
12 / 13 / 18  
Month Day Year

Sched. Completion Date (11)  
5 / 30 / 19  
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - SATURDAY 8AM-4:30PM

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY 07105

Disposal Date  
12/13-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

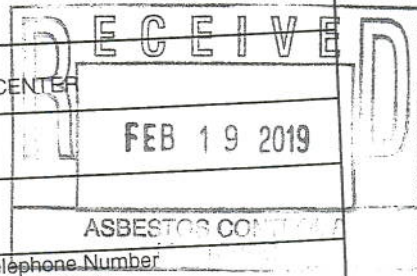
Signature

Date

1/3/19



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



Date of Notification (1)

12 / 26 / 18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

DONALD FARRELL

Telephone Number

551-996-3778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Square Feet  
200,000

# of Floors  
5

Bldg. Age  
80

Street Address

30 PROSPECT AVENUE

City (5)

HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

ASCM No.  
99

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Current Use (Prior if being demolished)  
HOSPITAL

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)

12 / 13 / 18  
Month Day Year

Sched. Completion Date (11)

5 / 30 / 19  
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

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

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

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY 07105

Disposal Date  
12/13-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

2-26-18



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

RECEIVED

Date of Notification (1)

12 / 21 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address  
30 PROSPECT AVENUE

City, State, Zip Code  
HACKENSACK, NEW JERSEY 07601

Name of Contact  
DONALD FARRELL

Telephone Number  
551-996-3778

FEB 19 2019

ASBESTOS CONTAINMENT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Square Feet 200,000 # of Floors 5 Bldg. Age 80

Street Address  
30 PROSPECT AVENUE

City (5)  
HACKENSACK

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)  
LANGAN ENGINEERING & ENVIRONMENTAL

ASCM No.  
99

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
300 KIMBALL DRIVE  
City, State, Zip Code  
PARSIPPANY, NEW JERSEY 07054

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
VIJAY PATEL

Telephone Number  
973-560-4983

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)  
12 / 13 /18  
Month Day Year

Sched. Completion Date (11)  
5 / 30 /19  
Month Day Year

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

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

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
80

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY 07105

Disposal Date  
12/13-5/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

12-21-18



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

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

33082  
**RECEIVED**  
 FEB 19 2019  
 ASBESTOS CONTROL

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

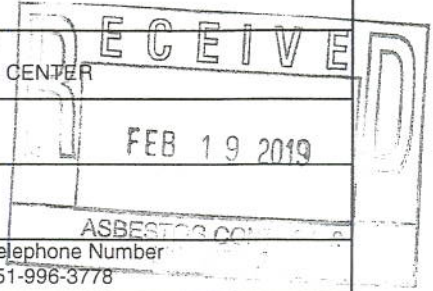
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	<b>NJDEP Waste Hauler ID No.</b> _____	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
		<b>Disposal Date</b> 12/13-5/30/19	<b>Date</b> 12-12-18



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

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



<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>Street Address</b> 30 PROSPECT AVENUE				<b>Square Feet</b> 200,000	<b># of Floors</b> 5	<b>Bldg. Age</b> 80	
<b>City (5)</b> HACKENSACK	<b>County (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> HOSPITAL			
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL				<b>ASC No.</b> 99	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		
<b>Street Address</b> 300 KIMBALL DRIVE				<b>Street Address</b> 313 SPOOK ROCK ROAD			
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 973-560-4983		<b>Telephone Number</b> 845-369-7500		<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 26 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL			
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm				<b>Street Address</b> 1376 ROUTE 9			
				<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			

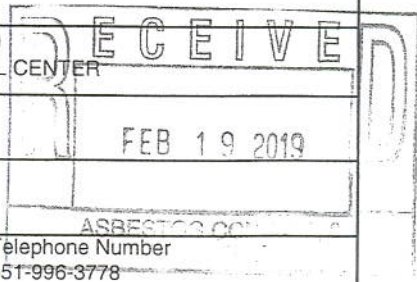
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.	<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>City, State</b> NEWARK, NEW JERSEY 07105	<b>Disposal Date</b> 11/26-5/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/21/18



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

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



<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER		<b>Type of Facility (4)</b>	
<b>Street Address</b> 30 PROSPECT AVENUE		<input type="checkbox"/> School (K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>City (5)</b> HACKENSACK		<b>County (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL		<b>ASCM No.</b> 99	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 300 KIMBALL DRIVE		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 973-560-4983	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 26 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 5 / 30 /19 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b>		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		<b>Street Address</b> 1376 ROUTE 9	
<b>Scope of Work (Check all that apply)</b>		<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

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

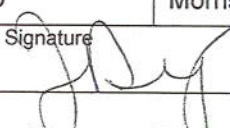
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.	<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>City, State</b> NEWARK, NEW JERSEY 07105	<b>Disposal Date</b> 11/26-5/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/15/18



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

Check # 1018

Date of Notification (1) 02/13/2019		Name of Building Owner/Operator (2) Donna Walczyk		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 19 2019 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Elizabeth, NJ 07208 Name of Contact Donna Walczyk			
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property LLC.				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) Elizabeth				Square Feet 2,500	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 1920				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.					
Street Address			Street Address 240 South 5th St.						
City, State, Zip Code			City, State, Zip Code Elizabeth, NJ 07206						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 02/23/2019		Scheduled Completion Date (11) 02/28/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED</u>				City, State, Zip Code Elizabeth, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys			Title Owner	Signature 		Date 02/13/2019			



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

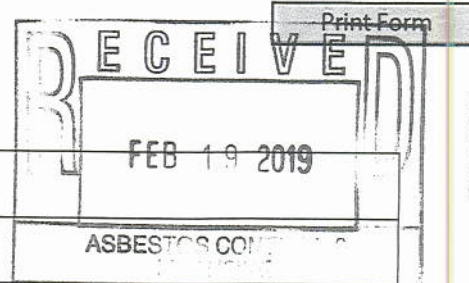
Check # 1079

Date of Notification (1) 02/13/2019		Name of Building Owner/Operator (2) Pamela Montes		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 19 2019 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Roselle, NJ 07203			
						Name of Contact Pamela Montes			
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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) Elizabeth				Square Feet 1,561	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 1924				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished)					
Street Address				Name of Abatement Contractor (9) Danvic Contracting LLC.					
City, State, Zip Code				Street Address 240 South 5th St.					
Project Manager for Monitoring Firm				City, State, Zip Code Elizabeth, NJ 07206					
Telephone No.				Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 02/23/2019		Scheduled Completion Date (11) 02/28/2019		Name of OSHA Monitor Iris Environmental Laboratories, inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature		Date 02/13/2019			



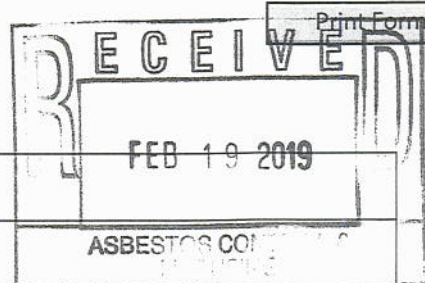
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**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 2/12/19		Name of Building Owner/Operator (2) B&S Partners		<b>RECEIVED</b> FEB 19 2019 ASBESTOS CONTROL					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 1517					
				City, State, Zip Code Vineland NJ 08362					
		Name of Contact Jason Iverson		Telephone Number 856-794-4509					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1601 Atlantic Avenue - Boiler Room				Type of Facility (4)					
Street Address 1601 Atlantic Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Atlantic City				Square Feet 7900	# of Floors 7				
				Bldg. Age 45+					
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office Building					
Name of Monitoring Firm Hired by Building Owner (8) Strategic Environmental Management, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Diamond Huntbach Construction Corp.					
Street Address 1634 S Delaware Street				Street Address 500 E Luzerne Street, Unit D					
City, State, Zip Code Paulsboro, NJ 08066				City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm Ed Keegan		Telephone No. (609) 868-3544		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) 2/25/19		Scheduled Completion Date (11) 3/22/19		Name of OSHA Monitor Same as above					
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>Open and under full containment Boiler Room</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Boiler Room	X			asbestos metal ceiling insulation	175 SF	X			
Boiler Room	X			exterior boiler insulation	250 SF	X			
Boiler Room	X			boiler rope	180 LF	X			
Name of Registered Waste Hauler Services Transport Group		NJDEP Waste Hauler ID No. A901 20990		Cubic Yards of Waste 15	Name of Registered Landfill Minerva Landfill				
City, State Yardley, PA 19067				Disposal Date as needed	City, State Waynesburg, OH 44688				
Completed by Wayne Huntbach		Title Project Manager		Signature 		Date 2/12/19			





CH 1511

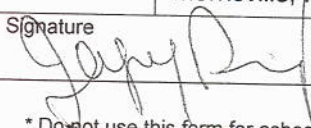
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/08/2019		Name of Building Owner/Operator (2) Private House- Joseph Molino							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Millington, NJ 07946 Name of Contact Joseph Molino Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) Millington		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 862-264-9463	License No. 01306						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 63 Leather Stocking Path City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	400 SF	X			X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 5 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager		Signature 		Date 02/08/2019			



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

Check # 1074

Date of Notification (1) 02/05/2019		Name of Building Owner/Operator (2) Paul Ricciardi							
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 Summit, NJ 07901							
		Name of Contact Paul Ricciardi							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1740	# of Floors 2						
City (5) Summit		Bldg. Age 1923							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting						
Street Address		Street Address 240 South 5th Street							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123						
			License No. 01355						
Start Date (10) 02/14/2019	Scheduled Completion Date (11) 02/21/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	200 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner		Signature 			Date 02/05/2019		

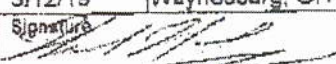


RECEIVED

FEB 19 2019  
1492

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

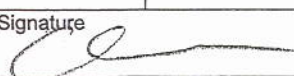
**CK1492 PAID**

Date of Notification (1) <b>February 11, 2019</b>		Name of Building Owner/Operator (2) <b>Thermo Fisher Scientific</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 checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <b>4815 Emperor Blvd</b>		City, State, Zip Code <b>Durham, NC 27703-8580</b>						
Name of Contact <b>Project Manager</b>		Telephone Number <b>(973) 234-7026</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Patheon Biologics, LLC</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>201 College Road East</b>		Square Feet	# of Floors					
City (5) <b>Princeton</b>		Bldg. Age						
County (6) <b>Mercer</b>		Current Use (Prior to being demolished) <b>Biologics Lab</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L.</b>		ASCM No.						
Street Address <b>2200 Paterson Plank rd # 7</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
City, State, Zip Code <b>North Bergen, NJ 07047</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
Project Manager for Monitoring Firm <b>Carmello Altomonte</b>		Telephone No. <b>201-864-6583</b>	Telephone No. <b>(973) 750 - 5000</b>					
Start Date (10) <b>2/12/19</b>		License No. <b>00781</b>						
Scheduled Completion Date (11) <b>3/12/19</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>4pm start</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
		City, State, Zip Code <b>Cherry Hill, NJ 08034</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 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Rooms #228-232</b>		<input checked="" type="checkbox"/>	<b>VAT/Mastic</b>	<b>TBD</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJ DEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>TBD</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/12/19</b>		City, State <b>Waynesburg, OH</b>				
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 		Date <b>2/11/19</b>		



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

CK 7263

Date of Notification (1) 2/12/19		Name of Building Owner/Operator (2) Shirley Berry Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick NJ 08723							
		Name of Contact Chris	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Shirley Berry Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000	# of Floors 1						
City (5) Brick NJ 08723		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/13/19	Scheduled Completion Date (11) 2/19/19	Name of OSHA Monitor Same							
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: HOME OWNER OCCUPIED NORMAL HOURS		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 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
basement			x	Floor tile and mastic	900 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 13	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/19/19		City, State Morrisville PA 19067					
Completed by Anthony T Perma		Title President		Signature 			Date 2/12/19		

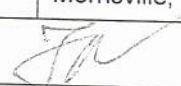


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

FEB 19 2019

Date of Notification (1) 02/12/2019		Name of Building Owner/Operator (2) St. Vladimir Church							
Agencies Notified	Type Notification	Street Address 309 Grier Avenue							
<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 Elizabeth, NJ 07282							
		Name of Contact Ruslan Romanyuk	Telephone Number 908-352-8823						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4)							
Street Address 309 Grier Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 02/25/2019	Scheduled Completion Date (11) 03/08/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 02/12/2019		



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

Check # 1796

Date of Notification (1) <b>February 13, 2019</b>		Name of Building Owner / Operator (2) <b>CGMW Management LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <b>1 International Boulevard, Ste. 400</b>  City, State & Zip Code <b>Mahwah, NJ 07430</b>  Name of Contact <b>George @ Ettlinger Developers</b>	
		Telephone Number <b>201-788-8792</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address [REDACTED]		Square Feet <b>1,500</b>	
City (5) <b>Ship Bottom</b>		# of Floors <b>2</b>	
County (6) <b>Ocean</b>		Bldg. Age <b>40 years</b>	
County Code (7) <b>Ocean</b>		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	
Scheduled Start Date (10) <b>February 25, 2019</b>		License Number <b>00817</b>	
Scheduled Completion Date (11) <b>March 25, 2019</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)  Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Residence		Siding	1,400 SF
Name of Registered Waste Hauler <b>Synatech, Inc.</b> City, State <b>Little Egg Harbor, NJ</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>Morrisville, PA</b>
Completed By <b>Ruthetta Roots</b>	Title <b>Executive Assistant</b>	Signature <i>Ruthetta Roots</i>	Date <b>February 13, 2019</b>



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

Check # 1795

Date of Notification (1) <b>February 13, 2019</b>		Name of Building Owner / Operator (2) <b>CGMW Management LLC</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB 19 2019 </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	<b>1 International Boulevard, Ste. 400</b>  City, State & Zip Code <b>Mahwah, NJ 07430</b>	
		Name of Contact <b>George @ Ettlinger Developers</b>	
		Telephone Number <b>201-788-8792</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Ship Bottom</b>	Square Feet <b>980</b>	# of Floors <b>1</b>	Bldg. Age <b>40 years</b>
County (6) <b>Ocean</b>		Current Use (Prior if being demolished) <b>Residence</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		Telephone Number	
Telephone Number		License Number	
Scheduled Start Date (10) <b>February 25, 2019</b>		Scheduled Completion Date (11) <b>March 25, 2019</b>	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address	
		City, State & Zip Code	
		Little Egg Harbor, NJ 08087	

## Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Residence			X	Siding	900 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Synatech, Inc.		27429		8	Fairless Hills				
City, State				Disposal Date	City, State				
Little Egg Harbor, NJ				March 26, 2019	Morrisville, PA				
Completed By		Title		Signature	Date				
Ruthetta Roots		Executive Assistant		<i>Ruthetta Roots</i>	February 13, 2019				



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

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Date of Notification (1) January 30, 2019		Name of Building Owner/Operator (2) Township of Old Bridge							
Agencies Notified	Type Notification	Street Address One Old Bridge Plaza							
<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 Old Bridge, NJ 08857							
		Name of Contact Patrick Reardon	Telephone Number 732-721-5600 x2480						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LH Senior Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Laurence Parkway		Square Feet 6000	# of Floors 1						
City (5) Laurence Harbor		Bldg. Age 80							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Senior Center							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. _____	Name of Abatement Contractor (9) Unipro Environmental LLC						
Street Address 2333 US Highway 22 West		Street Address 2744 Hylan Blvd #200							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island, NY 10306							
Project Manager for Monitoring Firm Thomas Mcwatters		Telephone No. 908-206-0073	Telephone No. 718-273-1122						
		License No. 01324							
Start Date (10) 2/20/2019	Scheduled Completion Date (11) 3/4/2019	Name of OSHA Monitor Unipro Environmental LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2744 Hylan Blvd #200							
		City, State, Zip Code Staten Island, NY 10306							
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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement & 1st Floor	x			VAT & Mastic	5400	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW2105	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 3/5/2019		City, State Waynesburg, OH 44688					
Completed by Raymond Blum		Title Operations Manager	Signature <i>Raymond Blum</i>	Date 2-7-19					



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

FEB 19 2019

NO 2501387935 PAID

Date of Notification (1) 02/12/2019		Name of Building Owner/Operator (2) Bette Grosman							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Bette Grosman	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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) Short Hills		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 02/22/2019		Scheduled Completion Date (11) 02/23/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	650 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature [Signature]		Date 02/12/2019			



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

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FEB 19 2019

Date of Notification (1) 02/13/19		Name of Building Owner/Operator (2) Amy Cameron							
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 Pompton Lakes, NJ 07442							
		Name of Contact Robert Cameron	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Pompton Lakes		Square Feet	# of Floors						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 832 4244						
			License No. 01379						
Start Date (10) 02/24/19		Scheduled Completion Date (11) 03/03/19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Crawlspace			X	Pipe Insulation	50lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>			Date 02/13/19		