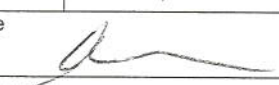


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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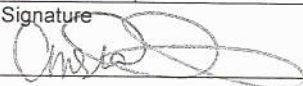
Date of Notification (1) 2/14/19		Name of Building Owner/Operator (2) Agnes & Richard Bockari							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Willingboro, NJ 08046							
		Name of Contact Nancy Levin, Plymouth Rock	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Willingboro		Square Feet 2200	# of Floors 2						
		Bldg. Age 64							
County (6) Burlington	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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/25/19	Scheduled Completion Date (11) 3/8/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
bedroom 1			X	floor tile	154 SF	X			
bedroom 2			X	floor tile	121 SF	X			
hall			X	floor tile	40 SF	X			
living & dining rooms			X	floor tile	468 SF	X			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 2/14/19		

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

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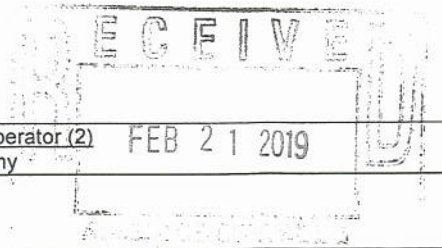
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Date of Notification (1) 02 / 14 / 19		Name of Building Owner/Operator (2) Marion Trovarelli							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Marion Trovarelli	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trovarelli Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Vineland		Square Feet 2,092	# of Floors 2						
		Bldg. Age 96							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 02 / 23 / 19	Scheduled Completion Date (11) 02 / 25 / 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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock	224 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/25/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 2/19/19			

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



Date of Notification (1) 2/12/19		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency	
Street Address 800 Billingsport Rd		City, State, Zip Code Paulsboro, NJ 08066	
Name of Contact Ravi Jarecha		Tel. Number 856-224-4444	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Mansfield Industrial, Inc.	
Project Manager for Monitoring Firm		Telephone Number	
Scheduled Start Date (10) 2/26/19		Scheduled Completion Date (11) 3/1/19	
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 - <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside area		Street Address 26 Colonial Ave	
		City, State, Zip Code Woodbury NJ 08096	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure		License Number 00857	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Pipe Insulation Steam Lines WT #4	X	TSI - Glovebag	~20 LF
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste <3 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ	Disp. Date Various	City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc	Signature Site Operations Supervisor	Date 2-12-19

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

Telephone 609-984-6620

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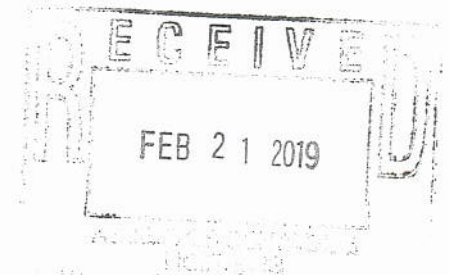
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 2/15/19		Name of Building Owner/Operator (2) Hartford Road WTP							
Agencies Notified	Type Notification	Street Address 510 Hartford Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Moorestown N.J. 08057							
		Name of Contact Mike Itri	Telephone Number 973-377-9240						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hartford Road WTP		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 510 Hartford Road		Square Feet 4000	# of Floors 1						
City (5) Moorestown		Bldg. Age 40+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Water Treatment Facility							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services						
Street Address P.O. Box 11645		Street Address 1100 Grosser Road suite c							
City, State, Zip Code Philadelphia P.A.		City, State, Zip Code Gilbertsville P.A. 19525							
Project Manager for Monitoring Firm Jason Frimore		Telephone No. 267-784-4693	License No. 00836						
Start Date (10) 3/4/19	Scheduled Completion Date (11) 3/18/19	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: <u>abandoned for demolition</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached table			x	see attached table		x			
			x			x			
			x			x			
			x			x			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill					
City, State Trenton N.J. 08638			Disposal Date 12/2018	City, State morrisville P.A.					
Completed by Mike Creamer		Title agent	Signature			Date 2/15/19			



ASBESTOS SURVEY SUMMARY

LCA also performed an asbestos survey of subject property. The NESHAP requires the identification of friable ACM and non-friable ACM likely to become friable during demolition activities.

Table 1.0 on the below summarizes the ACM identified at 520 Hartford Road.

Table 1.0 Summary of ACM		
Description	Location	Quantity †
Exterior Caulking	Windows & Doors	< 10 SF
Roofing Material	Engine Room Roof (Along Ledge)	50 SF
Chimney Flashing	Chimneys	4 SF Each
Transite Ceiling Material	Throughout	3,500 SF
Pipe Fittings (>18")	Main Room	10 Each
Pipe Insulation (>18")	Main Room	3 LF

† Quantity of material is based upon those materials that were reasonably accessible during the inspection or estimated to be present. As discussed in the report, additional suspect materials may be present behind walls, pipe chases or above ceilings. All quantities are approximations (if used for abatement purposes, each contractor should confirm these amounts). The above is not intended for bidding purposes.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

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Date of Notification (1) 2/16/19		Name of Building Owner/Operator (2) Richard Dergilio		FEB 21 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Manasquan, New Jersey 08736 Name of Contact George					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dergilio Residence				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Manasquan				Square Feet 1400	# of Floors 1 1/2				
County (6) Monmouth				County Code (7) (STATE USE ONLY)	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co Inc.					
Street Address				Street Address 95 Montrose Rd					
City, State, Zip Code				City, State, Zip Code Colts Neck, New Jersey 07722					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 7322941757	License No. 00029				
Start Date (10) 2/25/19		Scheduled Completion Date (11) 3/1/19		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: 7am-7pm				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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement steps			X	hooker	10 LF	X			
basement			X	Floor tile	50 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12860		Cubic Yards of Waste 2	Name of Registered Landfill Chans				
City, State Colts Neck, New Jersey				Disposal Date 3/1/19	City, State Canton, PA				
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire	Date 2/16/19				

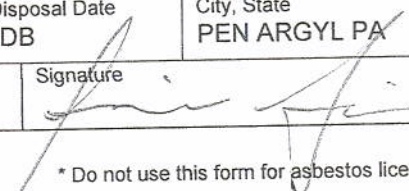
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 0144

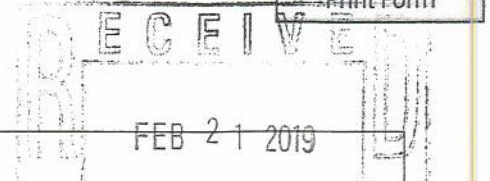
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Date of Notification (1) 02/13/2019 CHECK #0144		Name of Building Owner/Operator (2) MAJESTIC CONTRACTING LLC							
Agencies Notified	Type Notification	Street Address 142 PENNSYLVANIA AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HILLSIDE, NJ 07205							
		Name of Contact HERMANN VORHAND	Telephone Number 215-436 5248						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 142 PENNSYLVANIA AVE		<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) HILLSIDE, NJ 07205		Square Feet 100X50	# of Floors 2 FL						
County (6) UNION		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 YEARS						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 02/14/2019	Scheduled Completion Date (11) 02/15/2019	Name of OSHA Monitor ALL SOUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8:00AM TO 4:30PM HOUSE EMPTY		City, State, Zip Code ELMWOOD PARK NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	8 LF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA		Disposal Date TDB		City, State PEN ARGYL PA					
Completed by LUIS ARCILA		Title PRESIDENT		Signature 			Date 02/13/2019		

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



OK 0139

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Date of Notification (1) 02/07/2019 CHECK #0139			Name of Building Owner/Operator (2) MOH PERSAUD						
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LINDEN, NJ 07036 Name of Contact MOH PERSAUD Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) LINDEN, NJ 07036				Square Feet 100X50	Bldg. Age 2 FL 50 YEARS				
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) EMPTY ABANDONED					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ALL SOUTIONS CONTRACTING INC					
Street Address			Street Address 24 CHURCH ST						
City, State, Zip Code			City, State, Zip Code ELMWOOD PARK NJ 07407						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 873 9418	License No. 01301					
Start Date (10) 02/08/2019		Scheduled Completion Date (11) 02/09/2019		Name of OSHA Monitor ALL SOUTIONS CONTRACTING INC					
Occupancy Status During Abatement (Check Only One)				Street Address 24 CHURCH ST					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 4:30PM HOUSE EMPTY ABANDONED				City, State, Zip Code ELMWOOD PARK NJ 07407					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
1ST FLOOR			X	FLOOR TILE LINOLEUM	300 SF	X			
ROOF			X	ROOF FLASHING	100 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING			NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA			Disposal Date TDB		City, State PEN ARGYL PA				
Completed by LUIS ARCILA			Title PRESIDENT		Signature 		Date 1/28/2019		

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

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FEB 21 2019

OK 36047 PAID

Date of Notification (1) <div style="text-align: center;">02 / 18 / 19</div>		Name of Building Owner/Operator (2) Seminole Construction							
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 123 Bartlett Avenue							
		City, State, Zip Code West Creek, NJ 08092							
		Name of Contact Joyce Corliss	Telephone Number 609-296-0700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Margate	Square Feet 3,000 sf	# of Floors 2	Bldg. Age 70						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">02 / 28 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 04 / 19</div>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 2800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 03/04/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 2/18/19		

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

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FEB 21 2019

NO CK

Date of Notification (1) 02 / 18 / 19		Name of Building Owner/Operator (2) Seminole Construction							
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 123 Bartlett Avenue							
		City, State, Zip Code West Creek, NJ 08092							
		Name of Contact Joyce Corliss	Telephone Number 609-296-0700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800 sf							
City (5) Longport		# of Floors 1							
County (6) Atlantic		Bldg. Age 70							
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.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 02 / 28 / 19		License No. 00624							
Scheduled Completion Date (11) 03 / 04 / 19		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
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) 1800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 03/04/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 2/18/19			

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

FEB 21 2019

Date of Notification (1) 02/18/19		Name of Building Owner/Operator (2) Blackstone-360							
Agencies Notified	Type Notification	Street Address 570 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Blackstone-360	Telephone Number 973-624-6300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) East Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 02/28/19	Scheduled Completion Date (11) 03/04/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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
Interior				Floor Tile	250SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/04/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 02/18/19		

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

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FEB 21 2019

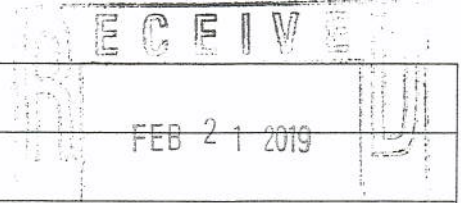
CK 7768

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Date of Notification (1) 02/14/19		Name of Building Owner/Operator (2) TFE Properties							
Agencies Notified	Type Notification	Street Address 399 Monmouth Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Windsor, NJ 08520							
		Name of Contact TFE Properties	Telephone Number 609-944-4023						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Jewelry Exchange, 1 Woodbridge 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 1 Woodbridge Center, Floor 5 and 6		Square Feet	# of Floors						
City (5) Woodbridge		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 02/18/19	Scheduled Completion Date (11) 03/18/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				FLOORING AND MASTIC	15000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 50	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/18/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 02/14/19			

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

PAID



Date of Notification (1) 02/16/2019		Name of Building Owner/Operator (2) Ramon Gil						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn NJ 07410						
		Name of Contact Ramon Gil	Telephone Number () _____					
FACILITY INFORMATION								
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) Fair Lawn		Square Feet	# of Floors					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residential						
Street Address		Name of Abatement Contractor (9) Rizov LLC						
City, State, Zip Code		Street Address 246 Gaston Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Garfield NJ 07026						
Telephone No.		Telephone No. (862)262-8006	License No. 01369					
Start Date (10) 02/28/2019	Scheduled Completion Date (11) 03/02/2019	Name of OSHA Monitor Rizov LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston Ave.						
<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 Garfield NJ 07026						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	Pipe insulation	65	X			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill				
City, State Garfield NJ			Disposal Date TBD	City, State Morisville, PA				
Completed by Aleksandra Rizova		Title Owner	Signature 		Date 02/16/2019			

Feb.15.2019 02:18 PM A. Mac Contracting

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PAGE. 2/3

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAD E-26 and 17:27B)

UK1212 PAID

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FEB 15 2019

DATE OF NOTIFICATION (1) 2/15/19

NAME OF BUILDING OWNER/OPERATOR (2) LUKOIL

AGENCIES NOTIFIED

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

TYPE NOTIFICATION

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

STREET ADDRESS 312 RT 94 + 515

CITY, STATE, ZIP CODE VERNON TOWNSHIP NJ 07462

NAME OF CONTACT KEVIN OLWELL

TELEPHONE NUMBER

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3) RESIDENCE

STREET ADDRESS

CITY (5) VERNON

COUNTY (6) SURESSA

COUNTY CODE (7) (STATE USE ONLY)

TYPE OF FACILITY (4)

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

SQUARE FEET 1075

OF FLOORS 2

Bldg. Age +50

CURRENT USE (Prior if being demolished) RESIDENTIAL

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)

ASCM No.

NAME OF ABATEMENT CONTRACTOR (9) A,MAC Contracting Inc.

STREET ADDRESS 185 Vreeland Ave

CITY, STATE, ZIP CODE Midland Park, NJ 07432

PROJECT MANAGER FOR MONITORING FIRM

TELEPHONE No.

TELEPHONE No. 201-262-6841

LICENSE No. 00166

START DATE (10) 2/18/19

SCHEDULED COMPLETION DATE (11) 2/22/19

NAME OF OSHA MONITOR Omega Environmental Services Inc.

STREET ADDRESS 280 Huyler Street

CITY, STATE, ZIP CODE Hackensack, NJ 07606

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)

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

SCOPE OF WORK (Check All That Apply)

☒ ≥3 sf or ≥3 ft
☒ ≥100 sf or ≥200 ft

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloving Procedure
☐ Non-Enclosed ("") and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
GROUND LEVEL			✓	VAT	150 SF	/			
EXTENSION			✓	TRANSITE	2,250 SF	/			

NAME OF REGISTERED WASTE HAULER Newark Carting Inc.

NUDEP Waste Hauler ID No. 04509

CUBIC YARDS OF WASTE 5

NAME OF REGISTERED LANDFILL Grand Central Sanitary Landfill

CITY, STATE Newark, NJ 07105

DEPOSIT DATE on

CITY, STATE Pen Argyl, PA 06702

COMPLETED BY Joseph Vocature

TITLE Vice President

SIGNATURE J. Vocature

DATE

2012620321

Check # 1211

FFR 2010

PAID

NOTIFICATION OF ASSISTED SEATING
(Pursuant to 34AC 8-20 and 12-120)

Date of Notification (1) 2/14/19		Name of Building Owner/Operator (2) WARREN. McCall	
Agency Notification <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment & Extension <input type="checkbox"/> Justification <input type="checkbox"/> Consultation	
Street Address [Redacted]		City, State, Zip Code RIVER EDGE, NJ 07661	
Name of Contact TEBOY		Telephone Number [Redacted]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) McCall		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, State, Zip Code RIVER EDGE, NJ 07661	
County (5) BERGEN		County Code (7) 0400	
Name of Monitoring Firm Hired by Building Owner (6) ASCA No.		Name of Abatement Contractor (8) A. Mac Contracting Inc.	
Street Address [Redacted]		Street Address 185 Vreeland Ave.	
City, State, Zip Code RIVER EDGE, NJ 07661		City, State, Zip Code Midland Park, N.J.	
Telephone Number for Monitoring Firm [Redacted]		Telephone No. 201-882-8841	
Start Date (10) 2/14/19		Scheduled Completion Date (11) 2/16/19	
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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 or more ft <input checked="" type="checkbox"/> 10 ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed CM and Non-Exotic Processes		Street Address 280 Huyler Street	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Construction Staff (13) Yes No NA		Amount (Specify SF or LB)	
BASEMENT		PIPE 3 LF	
Name of Registered Waste Hauler Newark Carting, Inc.		NJ DEP Waste Hauler ID No. 04809	
City, State Newark, N.J. 07106		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President	
Date 2/14/19		Date 2/14/19	

A-93-17 (R-03-03)

* Do not use this form for asbestos sampling or testing activities.

Feb.15.2019 12:24 PM A. Mac Contracting

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FEB 21 2019
Check # 10-100

CK1210

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1)		Name of Building Owner/Owner (2)	
2/16/19		SHIRLEY KUESLER	
Appliances Notified		Type Notification	
<input type="checkbox"/> SPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DON <input type="checkbox"/> DOA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment to <input type="checkbox"/> (Amendment to) <input type="checkbox"/> (Amendment to) <input type="checkbox"/> (Amendment to)	
City, State, Zip Code		Name of Owner	
FREEHOLD NJ 07728		MONIQUE CURCHY	
Telephone Number		Facility Information	
		Name of Facility Where Abatement is Taking Place (3) KUESLER Street Address City, State, Zip Code FREEHOLD NJ 07728 County Code (7) (State Use Only)	
Type of Facility (4)		School (00-10) Manufacturing (10-15) Other (e.g., private & commercial buildings, homes, etc.)	
Number of Floors 1550		Number of Floors 2	
Number of Floors 07		Number of Floors 07	
Name of Monitoring Firm Hired by Building Owner (5) A.M.C. Contracting Inc. Street Address City, State, Zip Code 185 Vreeland Ave. City, State, Zip Code Middletown Park, N.J.		Name of Abatement Contractor (6) A. Mac Contracting Inc. Street Address City, State, Zip Code 201-282-8941 License No. 00188	
Date of Abatement (11) 2/16/19		Scheduled Completion Date (11) 2/20/19	
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 Other - Describe:		Name of ASFA Monitor Omega Environmental Services Inc. Street Address City, State, Zip Code 280 Myler Street Hackensack, N.J. 07608	
Scope of Work (Check All That Apply) <input type="checkbox"/> 10' or less <input type="checkbox"/> 10' or less <input type="checkbox"/> 10' or less <input type="checkbox"/> 10' or less		Full Containment with Negative Pressure Mini-Enclosure Stowage Procedure Non-Enclosed (C) and Non-Portable Containment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)	
Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Pounds or LF) 370 SF	
Abatement Type Full Containment with Negative Pressure Mini-Enclosure Stowage Procedure Non-Enclosed (C) and Non-Portable Containment		Abatement Type Full Containment with Negative Pressure Mini-Enclosure Stowage Procedure Non-Enclosed (C) and Non-Portable Containment	
Name of Registered Waste Handler Newark Carting, Inc. City, State Newark, N.J. 07105		NJ DEP Waste Handler ID No. 04508	
Name of Registered Lessor Grand Central Sanitary Landfill City, State Pen Argyl, PA 18072		Date of Notification 2/16/19	
Completed by R. McDonald Title President		Date 2/15/19	

A20-41 (9-08-07)

* Do not use this form for asbestos license exemption activities.

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

Check#3271

PAID

RECEIVED

FEB 21 2019

Date of Notification (1) 02 / 16 / 19		Name of Building Owner/Operator (2) Edwin Kong	
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 [REDACTED] City, State, Zip Code Jersey City, NJ 07306 Name of Contact Jose Tola Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment building Street Address 225 Saint Pauls Avenue, Apt. 8 J City (5) Jersey City, NJ 07306 County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. 576 Valley Rd #283 Wayne, NJ 07470	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127
Project Manager for Monitoring Firm Telephone No.	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 02 / 25 / 19	Scheduled Completion Date (11) 03 / 09 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room and two bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic removal	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>	Date 02/16/19

ASB-41

MAY 11

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

RECEIVED
FEB 21 2019

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)

Street Address	Other (ie. private & commci. bldgs., homes, etc.)		
126 EAST LINCOLN AVENUE - BUILDING 33	Square Feet 98,230	# of Floors 7	Bldg. Age 71

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.	17	PAR ENVIRONMENTAL CORPORATION
Street Address		

SPARTA, NEW JERSEY 07871		City, State, Zip Code	
Project Manager for Monitoring Firm		SUFFERN, NEW YORK 10901	
Telephone Number		Telephone Number	License Number

Month	Day	Year	Month	Day	Year	AMERISCI LABORATORIES INC	#11480
Occupancy Status During Abatement (Check only one)							

☒ Other - Describe: SATURDAY 7AM-5PM

City, State, Zip Code
 NEW YORK, NEW YORK 10016

<input type="checkbox"/>	>160 SF OR	260 LF	<input type="checkbox"/>	Glovebag Procedure
			<input type="checkbox"/>	Non-Friable Procedure

Location of	Is Location	Description of Asbestos		

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
FREEHOLD CARTAGE, INC.	15939	55	LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
325 HIGHWAY 33			447 ALEXANDER DRIVE/ROUTE 15

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

Disposal Date
11/01-6/30/19

City, State
MONTGOMERY, PA 17752

Title
DIRECTOR OF OPERATIONS

Signature



Date

2-6-19

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

33473

Date of Notification (1) 1 / 31 /19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #10 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 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: SATURDAY 7AM-5PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	

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			CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
2ND FLOOR ROOM 227			FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 306		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 322		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 722		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 324		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 621		X	FIRE PROOFING DUST	10 SF	X			COMPLETE

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 55	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 11/01-6/30/19		Signature Benjamin Sanchez Director of Operations	
Completed by (Print or Type)		Date 1-31-19	

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

33414

Date of Notification (1)

1 / 22 /19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #9
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

Square Feet

98,230

of Floors

7

Bldg. Age

71

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

11 / 1 /18
Month Day Year

Sched. Completion Date (11)

6 / 30 /19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: SATURDAY 7AM-5PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☐ Full Containment with Negative Pressure
☐ Mini-Enclos.
☐ Glovebag Procedure
☐ Non-Friable Procedure
☒ WET WIPE HEPA VACUUM

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			CONTROL	DUST	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM, 332			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X				
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X				
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X				
4TH FLOOR ROOM 426			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 627			X	FIRE PROOFING DUST	10 SF	X				
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST	10 SF	X				
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X				
4TH FLOOR ROOM 426			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 627			X	FIRE PROOFING DUST	10 SF	X				
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 306			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 322			X	FIRE PROOFING DUST	10 SF	X				
7TH FLOOR ROOM 722			X	FIRE PROOFING DUST	10 SF	X				

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
55

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date

11/01-6/30/19

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

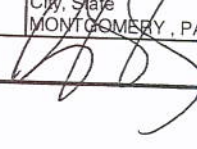
Signature

Date

1/22/19

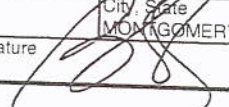
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

33342

Date of Notification (1) 1 / 17 /19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #8 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 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: SATURDAY 7AM-5PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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		Abatement Type <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
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 ROOM 305	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF
2ND FLOOR ROOM 227	X	FIRE PROOFING DUST	10 SF
4TH FLOOR ROOM 405	X	FIRE PROOFING DUST	10 SF
4TH FLOOR ROOM 426	X	FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 627	X	FIRE PROOFING DUST	10 SF
7TH FLOOR ROOM 724	X	FIRE PROOFING DUST	10 SF
4TH FLOOR ROOM 405	X	FIRE PROOFING DUST	10 SF
4TH FLOOR ROOM 426	X	FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 627	X	FIRE PROOFING DUST	10 SF
7TH FLOOR ROOM 724	X	FIRE PROOFING DUST	10 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		Cubic Yards of Waste 55	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 
		Date 11/17/19	

33296

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

Date of Notification (1) 1 / 11 / 19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #7 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 1 / 18		Sched. Completion Date (11) 6 / 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: SATURDAY 7AM-5PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
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 CONTROL DUST REPAIR ENCAPSUL ENCLOSUR	
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST 10 SF X
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST 10 SF X
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST 10 SF X
2ND FLOOR ROOM 227		X	FIRE PROOFING DUST 10 SF X
ADDITION TO SCOPE			
4TH FLOOR ROOM 405		X	FIRE PROOFING DUST 10 SF X
4TH FLOOR ROOM 426		X	FIRE PROOFING DUST 10 SF X
6TH FLOOR ROOM 627		X	FIRE PROOFING DUST 10 SF X
7TH FLOOR ROOM, 724		X	FIRE PROOFING DUST 10 SF X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50
Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752		Disposal Date 11/01-6/30/19	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature  Date 11/11/19

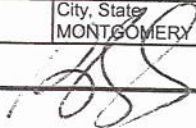
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1 / 9 /19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	

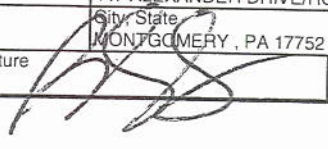
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		Bldg. Age 71	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 460
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 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: SATURDAY 7AM-5PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET		City, State, Zip Code NEW YORK, NEW YORK 10016	

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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl.: <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM
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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			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X						
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 1/9/19

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) MERCK SHARP & DOHME CORP.																																																																																																	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION																																																																																																	
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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 type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM																																																																																																	
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="4">Abatement Type</th> </tr> <tr> <th colspan="2"></th> <th>CONTROL</th> <th>REPAIR</th> <th>ENCAPSUL</th> <th>ENCLOSUR</th> </tr> </thead> <tbody> <tr><td>3RD FLOOR ROOM 305</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 303</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 304</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 319</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 320</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 321</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 323</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 325</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 326</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 327</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>3RD FLOOR ROOM 332</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>6TH FLOOR ROOM 614</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>ADDITION TO SCOPE:</td><td>X</td><td>X</td><td></td><td></td><td></td></tr> <tr><td>2ND FLOOR ROOM 227</td><td></td><td>X</td><td></td><td></td><td></td></tr> </tbody> </table>						Abatement Type						CONTROL	REPAIR	ENCAPSUL	ENCLOSUR	3RD FLOOR ROOM 305	X	X				3RD FLOOR ROOM 303	X	X				3RD FLOOR ROOM 304	X	X				3RD FLOOR ROOM 319	X	X				3RD FLOOR ROOM 320	X	X				3RD FLOOR ROOM 321	X	X				3RD FLOOR ROOM 323	X	X				3RD FLOOR ROOM 325	X	X				3RD FLOOR ROOM 326	X	X				3RD FLOOR ROOM 327	X	X				3RD FLOOR ROOM 332	X	X				6TH FLOOR ROOM 614	X	X				ADDITION TO SCOPE:	X	X				2ND FLOOR ROOM 227		X			
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City, State FREEHOLD, NEW JERSEY		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15																																																																																																	
Disposal Date 11/01-6/30/19		City, State MONTGOMERY, PA 17752																																																																																																	
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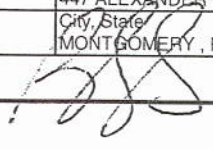
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 11 / 8 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 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 6PM-1:30 AM Sunday 7am-5pm		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET		City, State, Zip Code NEW YORK, NEW YORK 10016	

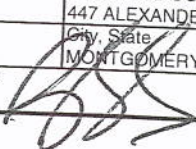
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
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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			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
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3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM, 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X						
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 11/01-6/30/19		Signature 		Date 11/8/18			

Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

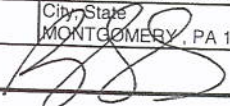
Date of Notification (1) 11 / 2 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
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		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Name of Contact PATRICIA JOHNSON	
		Telephone Number 732-594-7746	
FACILITY INFORMATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 98,230
			# of Floors 7
			Bldg. Age 71
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Current Use (Prior if being demolished) COMMERCIAL
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 11 / 1 /18		Telephone Number 845-369-7500	
Sched. Completion Date (11) 6 / 30 /19		License Number 460	
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: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		Street Address 117 EAST 30TH STREET	
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3RD FLOOR ROOM 321		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 323		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 325		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 326		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 327		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 332		FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 614		FIRE PROOFING DUST	10 SF
ADDITION TO SCOPE:		FIRE PROOFING DUST	10 SF
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
		Disposal Date 11/01-6/30/19	Signature 
		Date 11/2/18	

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


Date of Notification (1) 11 / 2 / 18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		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 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	
City (5) RAHWAY		# of Floors 7	
County (6) UNION		Bldg. Age 71	
County Code (7) (STATE USE ONLY) 17		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	
Expected State Date (10) 11 / 1 / 18		Sched. Completion Date (11) 6 / 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 6PM-1:30 AM SATURDAY 7AM-5 PM		Telephone Number 845-369-7500	
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		License Number 460	
<input checked="" type="checkbox"/> Renovation		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		Street Address 117 EAST 30TH STREET	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		City, State, Zip Code NEW YORK, NEW YORK 10016	

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			CONTROL DUST	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM, 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X		10 SF	X			
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 11/01-6/30/19		Title DIRECTOR OF OPERATIONS		Signature 		Date 11/2/18	

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

Date of Notification (1) 10 / 31 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 98,230
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	# of Floors 7
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 1 /18		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Sched. Completion Date (11) 6 / 30 /19		Street Address 117 EAST 30TH STREET	
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 6PM-1:30 AM		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <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)
		Yes No N/A	
3RD FLOOR ROOM 305			FIRE PROOFING DUST
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST
ADDITION TO SCOPE:		X	FIRE PROOFING DUST
2ND FLOOR ROOM 227			FIRE PROOFING DUST
			10 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
		Signature 	Date 10/31/18


32836

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

Date of Notification (1) 10 / 22 /18				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.			
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414				City, State, Zip Code RAHWAY, NEW JERSEY 07065			
Name of Contact PATRICIA JOHNSON				Telephone Number 732-594-7746			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33			
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		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.)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 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 6PM-1:30 AM		City, State, Zip Code SUFFERN, NEW YORK 10901	
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 type="checkbox"/> Mini-Enclor. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM		License Number 460	

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			DUST CONTROL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR ROOM 305		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327		X		FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332		X		FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614		X		FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/22/18	

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

Date of Notification (1)

2/18/2019

Name of Building Owner/Operator (2)

Dan Hochstein

Street Address

City, State, Zip Code

Maplewood, NJ, 07040

Name of Contact

Dan Hochstein

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Dan Hochstein

Street Address

City

Maplewood

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)

03 04 19

Month Day Year

Sched. Completion Date (11)

03 06 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: «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			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	10 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

03/07/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian


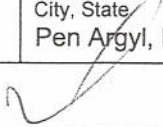
Date

2/18/2019

PAID

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

CL# 027925

Date of Notification (1) 02/14/19		Name of Building Owner/Operator (2) Rick and Sheryl Centrelli		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 21 2019 </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Rick and Sheryl Centrelli		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Paterson				Square Feet 2,000 +	# of Floors 2 +				
				Bldg. Age 50 +					
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.					
Street Address				Street Address 1141 Route 23					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-628-9200	License No. 00408				
Start Date (10) 02/23/19		Scheduled Completion Date (11) 02/25/19		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 1141 Route 23					
				City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	115 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc. 		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature 			Date 02/14/19		

02/14/2019 10:38AM 9736381778

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FEB 21 2019 PAGE 03/04

MO#25686756472

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

Date of Notification (1) 02 / 14 / 19		Name of Building Owner/Operator (2) Amy Green							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> OCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code North Haledon, NJ 07508							
Name of Contact Dennis Chinea		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) North Haledon, NJ 07508		County (6) Passaic							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 02 / 15 / 19		Scheduled Completion Date (11) 02 / 18 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM		License No. 01127							
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35B							
City, State, Zip Code Fair Lawn, NJ 07410									
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >180 sf or >260 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure 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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Living room & dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 02/14/19			

MAY 11

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

PAID

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

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FEB 21 2019

CK 1337

Date of Notification (1)

02-13-2019

Name of Building Owner/Operator (2)

Jose Pimentel

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial
☒ Amended New start
Amendment # date
☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code
Teaneck NJ 07605

Name of Contact
Tom Hawrylko Jr

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Jose Pimentel's Private Residential

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)

Teaneck NJ

County (6)

Bergen

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

MKD Property Maintenance LLC

Street Address

Street Address

105 Van Riper Avenue

City, State, Zip Code

City, State, Zip Code
Clifton NJ 07011

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
201-899-9008

License No.
01336

Start Date (10)

02/16/2019

Scheduled Completion Date (11)

2/28/2019

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)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Vermiculite	630 SF	X			

Name of Registered Waste Hauler

TBD

NJDEP Waste Hauler ID No.
TBD

Cubic Yards of Waste
1 YD

Name of Registered Landfill

Fairless Landfill

City, State

Disposal Date

City, State
Morrisville PA 19067

Completed by

Darko Ralowski

Title

Project Manager

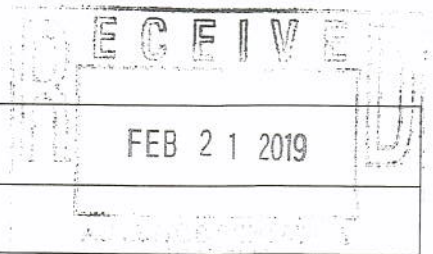
Signature

Date

02/13/2019

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

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



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Date of Notification (1) 02 / 13 / 19		Name of Building Owner/Operator (2) Clara Maass Medical Center	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Clara Maass Drive	
		City, State, Zip Code Belleville, NJ 07109	
		Name of Contact Ron Carvalho as agent	Telephone Number 908-208-3060
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Clara Maass Drive			
City (5) Belleville		Square Feet 500,000	# of Floors 4
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 68 + yrs.
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.
Street Address 64 Broad Street		Street Address 104 Market Street	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-931-3293
Start Date (10) 02 / 22 / 19		Scheduled Completion Date (11) 02 / 20 / 20	License No. 01365
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-5PM/ PM-2AM		Name of OSHA Monitor Same as above	
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"/> 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)
	Yes	No	
Grd. Fl. - PED/ED Space Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 rd Fl. - Elevator Lobby	<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"/>
Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Newark, NJ		Disposal Date 3-1-19	City, State Morrisville, PA
Completed By (Print or Type) Kiril Nestorov	Title Project Manager	Signature <i>Kiril Nestorov</i>	Date 2-13-19

check #
1022

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

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Date of Notification (1) 02 / 11 / 19		Name of Building Owner/Operator (2) Clara Maass Medical Center			
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 1 Clara Maass Drive City, State, Zip Code Belleville, NJ 07109 Name of Contact Ron Carvalho as agent Telephone Number 908-208-3060	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Clara Maass Medical Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Clara Maass Drive				Square Feet 500,000	
City (5) Belleville				# of Floors 4	
County (6) Essex				Bldg. Age 68 + yrs.	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A		Name of Abatement Contractor (9) MAK-B Pro, Inc.	
Street Address 64 Broad Street		Street Address 104 Market Street			
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		License No. 01365	
Start Date (10) 02 / 22 / 19		Scheduled Completion Date (11) 02 / 20 / 19		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-5PM/ _____ PM-2AM				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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Grd. Fl. - PED/ED Space Expansion		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Felt Tar/waterproofing 60 SF	
3 rd Fl. - Elevator Lobby		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile 150 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222		Cubic Yards of Waste 2	
City, State Newark, NJ		Disposal Date 3-1-19		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Morrisville, PA					
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature <i>Kiril Nestorov</i>	
				Date 2-11-19	

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

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Date of Notification (1) 02 / 13 / 19		Name of Building Owner/Operator (2) Deborah Dunn							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Millville, NJ 08332							
		Name of Contact Bill White	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dunn Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,600	# of Floors 2						
City (5) Millville		Bldg. Age 80							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 02 / 22 / 19	Scheduled Completion Date (11) 02 / 25 / 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 ≥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) 90 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living Room and Dining Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Paper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ	Disposal Date 02/25/2019	City, State Morrisville, PA							
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 					Date 2-13-19		