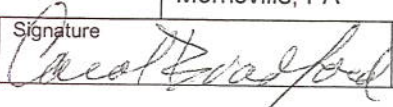


Inv# 171166
 CK 1126
PAID

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

RECEIVED Print Form
 JAN 7 2020

Date of Notification (1) January 3, 2020		Name of Building Owner/Operator (2) NJIT							
Agencies Notified	Type Notification	Street Address University Heights							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Cheryl Caterino	Telephone Number 973-249-1818						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT Weston Hall		Type of Facility (4)							
Street Address 346-366 Martin Luther King Jr Blvd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet	# of Floors 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) OMEGA Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc						
Street Address 280 Huyler Street		Street Address 292 Main Street, #261							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm Gary Mellor		Telephone No. 201-489-8700	Telephone No. 610-400-8711						
License No. 01373									
Start Date (10) 01/13/2020	Scheduled Completion Date (11) 01/22/2020	Name of OSHA Monitor Schneider Laboratories Global Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 West Cary Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Richmond, VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Lecture # 1		X		Carpet Glue and Tile Mastic	2,750SF	X			
First Floor Lecture #1 RM 118		X		Vinyl Tile with Mastic	50SF	X			
First Floor Lecture #1 RM 119		X		Vinyl Tile with Mastic	50SF	X			
Name of Registered Waste Hauler Osiyo Inc		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Harleysville, PA 19438			Disposal Date	City, State Morrisville, PA					
Completed by Carol Bradford		Title President	Signature 	Date 01/03/2020					

Inv# 17114
CK16785 PAID

State of New Jersey

Check # 16785

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

Date of Notification (1)

1/3/2020

Name of Building Owner/Operator (2)

Sarah Hodbinott

Street Address

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

Sarah Hodbinott

Telephone Number

Agencies Notified

[] EPA

[] DEP

[X] DOL

[X] DOH

[] DCA

Type Notification

[] Initial Notification

[] Amended Notification

[X] EMERGENCY

[] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Sarah Hodbinott

Street Address

City

South Orange

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

[] School (K-12)

[] Subchapter 8 (Other than K-12)

[X] 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)

01 06 20

Month Day Year

Sched. Completion Date (11)

01 07 20

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] 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)

[X] ≥3 sf or ≥3 lf

[] ≥160 sf or ≥260 lf

[X] Renovation

[] Demolition

[] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			X	Pipe Insulation	160 LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

01/08/20

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

1/3/2020

184 S. Ridgewood Ave.

Inv # 17108 PAID

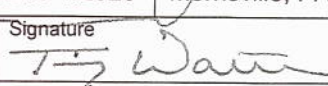
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 19733

Date of Notification (1) 1/3/20		Name of Building Owner/Operator (2) Maria Rodrigues							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ							
		Name of Contact Maria	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) Newark		Square Feet 1700	# of Floors 2						
		Bldg. Age 79							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/13/20	Scheduled Completion Date (11) 1/27/20	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:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	30 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/3/20			

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

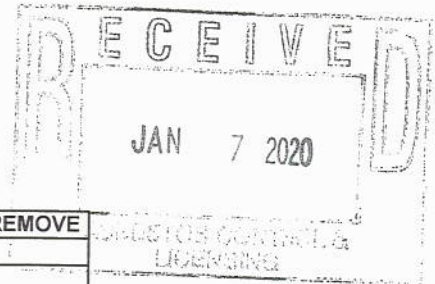
JAN 7 2020

Date of Notification (1) 1/03/2020		Name of Building Owner/Operator (2) Trenton Housing Authority / Rossell Avenue Urban Renewal, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 875 New Willow Street City, State, Zip Code Trenton, NJ 08638 Name of Contact C/O Conifer - Dan Pelouze							
		Telephone Number 609 868-7708							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Page Homes - Buildings 1 - 6 and Boiler House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Rossell Avenue		Square Feet 140,000	# of Floors 3						
City (5) Trenton		Bldg. Age 60 +							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant-Former Apartments							
Name of Monitoring Firm Hired by Building Owner (8) MyPIE, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 51 Greenwich Drive		Street Address 1100 Grosser Road							
City, State, Zip Code Jackson, NJ 08527		City, State, Zip Code Gilbertsville, PA 19525							
Project Manager for Monitoring Firm Darrell McQueen		Telephone No. 732 684-3465	License No. 00836						
Start Date (10) 09/26/2019	Scheduled Completion Date (11) 03/20/20	Name of OSHA Monitor Neuber Environmental Services, 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 1100 Grosser Road							
		City, State, Zip Code Gilbertsville, PA 19525							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Spreadsheet			X	See Attached Spreadsheet		X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~200	Name of Registered Landfill G.R.O.W.S. Tullytown					
City, State Trenton, NJ		Disposal Date 10/2019-1/2020		City, State Morrisville, PA					
Completed by Tim Walter		Title Project Manager		Signature 		Date 1/03/2020			

PROJECT NAME:

Page Homes Apartment Complex

JAN 7 2020

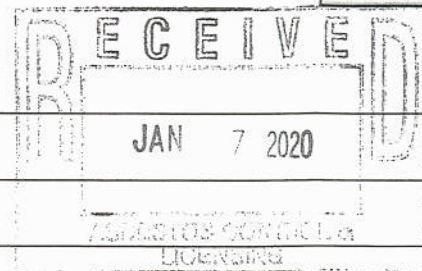


Area / Notes	Abatement Item	Unit	Quantity	REMOVE
Boiler Building				
	Ceiling Plaster	SF	1,080	X
	Column Plaster	SF	80	X
Building 1				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 1A	Bathroom Floor Tile	SF	5	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 2				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 3B & 3C	Bathroom Floor Tile	SF	10	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 3				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 1A, 3A & 3B	Bathroom Floor Tile	SF	15	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 4				
Basement	Ceiling Plaster	SF	2,352	X
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 5				
Bathrooms Throughout	Pipe Ins. Debris	LF	2,740	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt. 2B, 3B & 3C	Bathroom Floor Tile	SF	15	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
Building 6				
Bathrooms Throughout	Pipe Ins. Debris	LF	270	X
All Windows Throughout	Perimeter Window Caulk	EA	150	X
Apt 2A & 3B	Bathroom Floor Tile	SF	10	X
Perimeter Masonry Wall	Black Flashing	SF	1,833	X
Perimeter Flashing	Interior Wall Black Flash	SF	117	X
	Firedoors Throughout	EA	162	X

Inv# 17105 PAID
OK 3523

Print Form

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



Date of Notification (1) 01/02/2020		Check #2523		Name of Building Owner/Operator (2) St. Cecilia		JAN 7 2020						
Agencies Notified		Type Notification		Street Address		City, State, Zip Code						
<input 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		85 W. Demarest Ave		Englewood, NJ, 07631						
				Name of Contact Tony		Telephone Number 201-568-0364						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Englewood on the Palisades Charter School				Type of Facility (4)								
Street Address 85 W Demarest Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Englewood				Square Feet 5,000+		# of Floors 3						
				Bldg. Age 50+								
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. N/A		Name of Abatement Contractor (9) EA Services							
Street Address N/A				Street Address 426 69th st								
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ. 07093								
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 201-916-8713		License No. 01074					
Start Date (10) 01/13/2020		Scheduled Completion Date (11) 01/16/2020		Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check Only One)				Street Address N/A								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2:00pm				City, State, Zip Code N/A								
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room			X		Lose ACM Pipe Insulation		3 LF		X			
Name of Registered Waste Hauler EA Services Corp			NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise					
City, State Guttenberg, NJ					Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo			Title Office Clerk		Signature 				Date 01/02/2020			

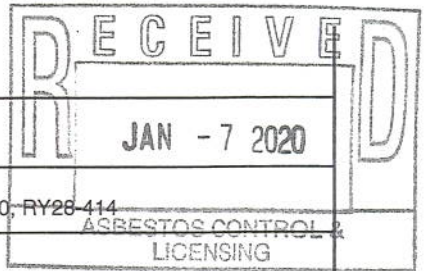
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

RECEIVED
 JAN 7 2020

Date of Notification (1) 01 / 02 / 2020		Name of Building Owner/Operator (2) Juan Gonzalez							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Chatham, NJ 07928 Name of Contact Juan Gonzalez Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED] City (5) Chatham County (6) Morris		Square Feet 2,840	# of Floors 2						
County Code (7) (STATE USE ONLY) 1405		Bldg. Age 85							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Acme Professional Services Corp							
Street Address N/A		Street Address 550 Rifle Camp Rd							
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 02003						
Start Date (10) 01 / 14 / 2020	Scheduled Completion Date (11) 01 / 21 / 2020	Name of OSHA Monitor Arsenije Adamov							
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 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ 07424							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Pipe & fitting insulation	100LF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2 cubic yards	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park			Disposal Date 01/16/2020	City, State Morrisville PA					
Completed By (Print or Type) Arsenije Adamov		Title President	Signature Arsenije Adamov			Date 01/02/2020			

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



Date of Notification (1)

1 / 3 /20

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

KINNARI PATEL

Telephone Number

732-594-6352

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

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 32

Square Feet

100,400

of Floors

7

Bldg. Age

49

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

ASCM No.
104

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

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

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 6 /2020
Month Day Year

Sched. Completion Date (11)

6 / 30 /2020
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

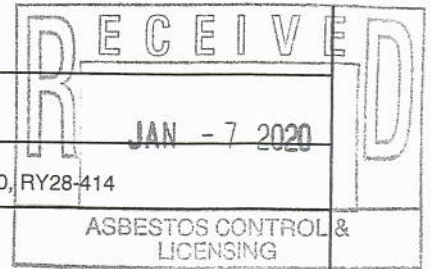
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2nd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
3rd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
4th Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
5th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
6th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
7th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
FREEHOLD CARTAGE, INC.	15939	420	LYCOMING COUNTY RESOURCE MANAGEMENT SE						
825 HIGHWAY 33			447 ALEXANDER DRIVE/ROUTE 15						
City, State	Disposal Date	City, State							
FREEHOLD, NEW JERSEY	1/6/2020-6/30/2020	MONTGOMERY, PA							
Completed by (Print or Type)	Title	Signature	Date						
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		1-3-20						

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



Date of Notification (1) 12 / 19 /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		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
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		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact KINNARI PATEL	Telephone Number 732-594-6352

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 32		Square Feet 100,400	# 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. 104	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI
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	License Number 1101
Expected State Date (10) 1 / 6 /2020		Sched. Completion Date (11) 6 / 30/2020	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2nd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
3rd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
4th Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
5th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
6th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
7th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 420	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY		Disposal Date 1/6/2020-6/30/2020		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 1/27/20				

Inv-17174

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

RECEIVED	
JAN - 7 2020	Check #2592

Date of Notification (1) 12/30/2019		Name of Building Owner / Operator (2) Ms. Jenkins		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State & Zip Code Trenton NJ 08618			
		Name of Contact Ms. Jenkins		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,950		
City (5) Trenton			County (6) Mercer		County Code (7)
			Bldg. Age 80+		
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Alpha Environmental, LLC		
City, State & Zip Code			Street Address PO Box 8297		
Project Manager for Monitoring Firm			Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 01/08/2020		Scheduled Completion Date (11) 01/09/2020		Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

- ☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date various		City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title Project Manager		Signature <i>Rod Richardson</i>		Date 12/30/2019

Inv-17118
Ch 3524

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

Print Form

RECEIVED

JAN - 7 2020

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/3/2020		Check#3524		Name of Building Owner/Operator (2) St Rose of Lima Church	
Agencies Notified		Type Notification		Street Address 50 Short Hills Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Short Hills, NJ 07078	
				Name of Contact Joan Schultz	
				Telephone Number 973-379-3912	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church			Type of Facility (4)		
Street Address 50 Short Hills Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Short Hills			Square Feet 20,000	# of Floors 1	Bldg. Age 50+
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 1/6/2020		Scheduled Completion Date (11) 1/13/2020		Name of OSHA Monitor Same as above	
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 checked="" type="checkbox"/> Other - Describe: Starting 12 noon				City, State, Zip Code	

Scope of Work (Check All That Apply)

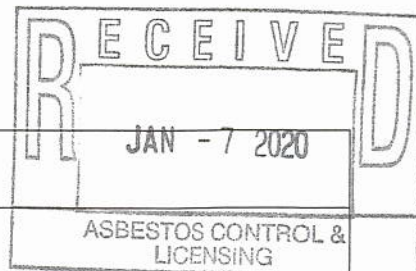
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Corridor -Basement		x		9x9 Floor Tile & Mastic	350 SF	x			
Electrical Room	x			Pipe Insulation	35 LF	x			
Storage Room		x		Pipe Insulation	20 LF	x			
Janitorial Closet	x			Pipe Insulation	12 LF	x			

Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc	
City, State Guttenberg, NJ			Disposal Date	City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager	Signature 	Date 1/3/2020	

Inv-17172
m026229215315

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



Date of Notification (1) 01 / 02 / 2020		Name of Building Owner/Operator (2) Jill Zangrili	
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 Pompton Plains NJ 07444 Name of Contact Jill Zangrili Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,744	
City (5) Pompton Plains		# of Floors 1.5	Bldg. Age 53
County (6) Morris	County Code (7) (STATE USE ONLY) 1431	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address N/A		Street Address 550 Rifle Camp Rd	
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 02003
Start Date (10) 01 / 13 / 2020	Scheduled Completion Date (11) 01 / 20 / 2020	Name of OSHA Monitor Arsenije Adamov	
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 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ 07424	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM tile and mastic	275SF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2 cubic yards	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, NJ		Disposal Date 01/15/2020		City, State Morrisville PA	
Completed By (Print or Type) Arsenije Adamov	Title President	Signature Arsenije Adamov		Date 01/02/2020	

01/03/2020 11:03AM 9736381778

INV-17117

CH3522

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

RECEIVED
PAGE 03/04
JAN - 7 2020
DOE - 10 DAY
ASBESTOS CONTROL & LICENSING

Check#3522

Date of Notification (1) 01 / 03 / 20		Name of Building Owner/Operator (2) Liladhar M. Waykole	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS6 <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED]	
Type Notification <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 Piscataway, NJ 08854	
		Name of Contact Liladhar M. Waykole	
		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	
City (5) Piscataway, NJ 08854		# of Floors	
County (6) Middlesex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-356-3511	
				License No. 01127	

Start Date (10) 01 / 04 / 20		Scheduled Completion Date (11) 01 / 11 / 20		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >180 sf or >240 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall and ceiling plaster	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall plaster	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall plaster	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LP	<input checked="" 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 01/03/2020	

MAY 11

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

Inv-17116

B & G proj. #: 2020-12

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:26-7 and 12:26-7)
 EMERGENCY

Check #9819

Date of Notification (1)

10/11/03/12/10/1

Name of Building Owner/Operator (2)

Newark Public Schools

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

2 Cedar Street

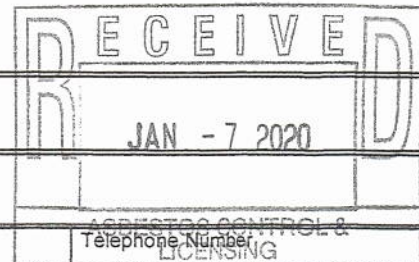
City, State, Zip Code

Newark, NJ 07106

Name of Contact

Paulinus Egu

Asbestos Control & Licensing

Telephone Number
973-733-7355

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

14th Avenue School (NON Sub 8)

Street Address

186 14th Avenue

City (5)

Newark, NJ 07103

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Elementary School

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

TTI Environmental

ASCM No.
0003

Street Address

1253 North Church Street

City, State, Zip Code

Moorestown, NJ 08057

Project Manager for Monitoring Firm

James A Guilardi

Phone Number

856-840-8800

Scheduled Start Date (10)

01/03/2020

Sched. Completion Date (11)

01/04/2020

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

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

Yes

No

N/A

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

R	R	E	E
em	em	nc	nc
ov	ov	ap	ap
er	er	cl	cl
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basement cafeteria bathroom

Basement cafeteria bathroom

VAT & mastic

pipe insulation

20 sf

5 LF

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

1

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

01/06/2020

City, State

Pen Argyle, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

01/03/2020

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

Check # 2294 / 2430

Date of Notification (1) January 3, 2020 November 6, 2019		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 7 2020 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	33 West State Street	
		City, State & Zip Code Trenton, NJ 08608	
		Name of Contact Jim Stiles - TCI Construction	Telephone Number 732-558-8967

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 509 Brass Castle Road		Square Feet	# of Floors
City (5) Oxford		Bldg. Age 59	
County (6) Warren		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 6, 2020	Scheduled Completion Date (11) March 5, 2020	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

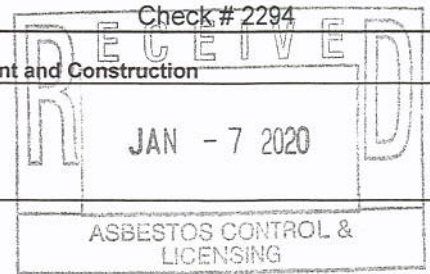
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			
Former Kitchen Area			X	Pipe and Fitting Insulation	160 LF				

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ		Disposal Date March 6, 2020	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date January 3, 2020 November 6, 2019

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

Check # 2294

Date of Notification (1) November 19, 2019 November 6, 2019		Name of Building Owner / Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	33 West State Street City, State & Zip Code Trenton, NJ 08608	
		Name of Contact Jim Stiles - TCI Construction	Telephone Number 732-558-8967



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Warren Residential Community Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 509 Brass Castle Road		Square Feet	# of Floors 59
City (5) Oxford		Bldg. Age	
County (6) Warren		Current Use (Prior if being demolished) Residence -	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11) December 19, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Not including work area)		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

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 (Wrap and Cut)
☐ 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom Chases/Walls			X	Pipe and Fitting Insulation	125 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date December 20, 2019	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date November 19, 2019 November 6, 2019

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

Inv-17167
CK38073

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

RECEIVED	
JAN - 7 2020	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 01 / 03 / 20		Name of Building Owner/Operator (2) Kevin Wolf	
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 Point Pleasant, NJ 08742	
		Name of Contact Kevin Wolf	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Woodbridge	County (6) Middlesex	Square Feet 2000	# of Floors 2
County Code (7) (STATE USE ONLY) 07095		Bldg. Age 70	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 01 / 17 / 20	Scheduled Completion Date (11) 01 / 22 / 20	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

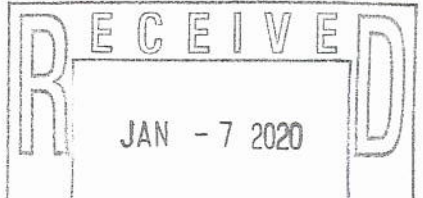
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 01/22/20	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 1/3/20

CK # 4965

Inv-17164

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



Date of Notification (1) <u>12-31-19</u>		Name of Building Owner/Operator (2) <u>REUTER CONSTRUCTION</u>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>459 N. BEECHAM RD</u> City, State, Zip Code <u>WILLIAMSTOWN N.J. 08094</u> Name of Contact <u>JOHN</u> Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> Street Address [REDACTED] City (5) <u>LONG PORT</u> County (6) <u>ATLANTIC</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>50+</u> Current Use (Prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> Street Address _____ City, State, Zip Code _____		ASCM No. _____ Name of Abatement Contractor (9) <u>KLEWCO INC</u> Street Address <u>369 S SPRUCE AVE</u> City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> Telephone No. <u>856-779-0472</u> License No. <u># 01371</u>		Project Manager for Monitoring Firm _____ Telephone No. _____	
Start Date (10) <u>1-9-20</u> Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Scheduled Completion Date (11) <u>1-9-20</u> Name of OSHA Monitor <u>N/A</u> Street Address _____ City, State, Zip Code _____		Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____ X _____		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> Amount (Specify SF or LF) <u>1250 SF</u>	
Abatement Type Removal Repair Encapsulate Enclosure _____ X _____		Name of Registered Waste Hauler <u>KLEWCO INC</u> NJDEP Waste Hauler ID No. <u>17904</u> City, State <u>MAPLE SHADE N.J.</u> Disposal Date _____ Name of Registered Landfill <u>ACADIA</u> City, State <u>PLEASANTVILLE N.J.</u> Signature <u>Michael Klemko</u> Title <u>PRES</u> Date <u>12-31-19</u>			

CK13735

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 13735

GAC Project # 060-2020

Date of Notification (1) January 3, 2020 <i>INV-17159</i>		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VOORHEES HALL, BLDG# 3013		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 01/13/2020	Scheduled Completion Date (11) 01/14/2020	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 4:00 PM - 5:00 AM (24 HRS. & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
001	<input checked="" type="checkbox"/>	TSI	< 9 LF
001	<input checked="" type="checkbox"/>	MASTIC	<10 SF
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 01/14/2020	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date January 14, 2020

IN# 171060

PAID

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

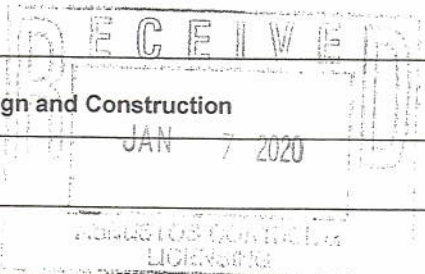
chk #2: 3665

Date of Notification (1) 11 / 20 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
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 #2-1/3/20 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	City, State, Zip Code Princeton, NJ 08544						
		Name of Contact Robert Ortego	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		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 Washington Road		Square Feet	# of Floors 70						
City (5) Princeton	County (6) MERCER	County Code (7)(STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 1 / 6 / 20	Scheduled Completion Date (11) 1 / 10 / 20	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM/ PM- AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room B-39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room B-39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date	City, State FAIRLESS HILLS, PA						
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro	Date 1-3-20						

ASB-41
MAY 11 13519152

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

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



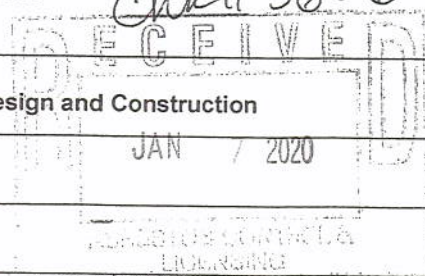
Date of Notification (1) 11 / 20 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-11/27/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		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 Washington Road									
City (5) Princeton		Square Feet	# of Floors 70						
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office/Classrooms							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) ON HOLD	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 400 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room B-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic		<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State FAIRLESS HILLS, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 11-27-19			

ASB-41
MAY 11 **BS19152**

* 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)

chk # 3656



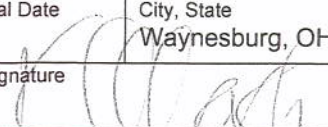
Date of Notification (1) <div style="text-align: center;">11 / 20 / 19</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 200 Elm Dr.						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Robert Ortego		Telephone Number 609-258-1841				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall				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 Washington Road				Square Feet					
City (5) Princeton				# of Floors 70					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office/Classrooms					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) <div style="text-align: center;">12 / 2 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 6 / 19</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-6:30PM / ____PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room B-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	400 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State FAIRLESS HILLS, PA				
Completed By (Print or Type) Brian Scaffro		Title Estimator		Signature <i>Brian Scaffro / ga</i>		Date 11-20-19			

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

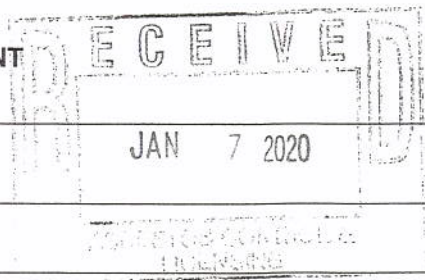
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 26673

Date of Notification (1) 01-03-20		Name of Building Owner/Operator (2) 30 Montgomery Partners LLC c/o Cushman & Wakefield							
Agencies Notified	Type Notification	Street Address 30 Montgomery Street, Suite 200							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 2 _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Ingrid Noonan	Telephone Number (201) 451-7100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 30 Montgomery Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ 07302		Square Feet 312,500SF	# of Floors 16						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age ~45 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Altomonte Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 2200 Paterson Plank Rd # 7		Street Address 200 Broad Street							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. (201) 864-6583	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 11-07-19(2)Project Cancelled	Scheduled Completion Date (11) 01-31-20	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
4th Floor			x	VAT	7,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 01-03-20			

Inv # 17160
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 01 / 02 / 20		Name of Building Owner/Operator (2) Aubry Young	
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 Westville, NJ 08093	
		Name of Contact Aubry Young	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Young 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) Westville	Square Feet 1,426	# of Floors 2	Bldg. Age 71
County (6) Gloucester	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		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) 01 / 11 / 20	Scheduled Completion Date (11) 01 / 14 / 20	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

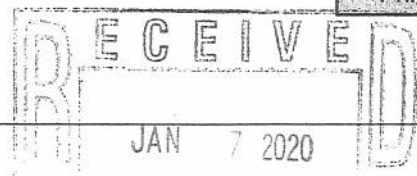
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Paper	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 01/14/2020		City, State Morrisville, PA	
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature 		Date 1-2-2020	

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



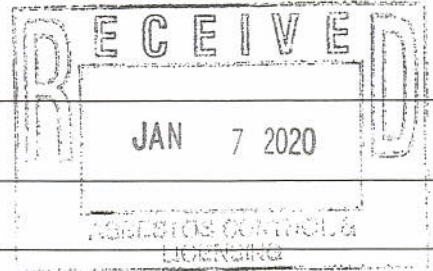
Date of Notification (1) 1/3/20		Name of Building Owner/Operator (2) Joseph Granick Private Home		JAN 7 2020					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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	<div style="background-color: black; width: 100px; height: 1.2em;"></div>							
		City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Joseph		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joseph Granick Private Home			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) Brant Beach NJ 08008			Square Feet 1000+	# of Floors 1	Bldg. Age 50+				
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & garage						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 1/14/20		Scheduled Completion Date (11) 1/20/20		Name of OSHA Monitor Same					
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ		Disposal Date 1/20/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 1/3/20			

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

IN# 17165



Date of Notification (1) 01 / 02 / 20		Name of Building Owner/Operator (2) AeroFarms, Inc.							
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 212 Rome Street							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Fitzroy Daniels	Telephone Number (917) 974-1849						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 212 Rome Street									
City (5) Newark		Square Feet 3,000	# of Floors 1						
		Bldg. Age 70 yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Space							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 655 West Shore Trail		Street Address 494 East 41st Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. (973)-729-5649	Telephone No. 973-345-0022						
		License No. 00507							
Start Date (10) 01 / 15 / 19	Scheduled Completion Date (11) 02 / 29 / 20	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ _____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout ground floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile/mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor N.E. Area & Boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S. North W/M of PA					
City, State Newark, NJ		Disposal Date Feb. 2019		City, State Morrisville, PA					
Completed By (Print or Type) James Unger		Title Sr. Estimator/Project Mgr.		Signature 		Date 1-2-2020			