

PAID

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

Check 18464

JAN 14 2019

Date of Notification (1) 1/10/19		Name of Building Owner/Operator (2) Enterprise Home Builders, LLC							
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	City, State, Zip Code Springfield, NJ							
		Name of Contact Donald Rinaldo	Telephone Number 908-337-5917						
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) Cranford		Square Feet 2600	# of Floors 2						
County (6) Union		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/21/19	Scheduled Completion Date (11) 2/1/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		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	120 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 1/10/19		

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

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JAN 14 2019

Date of Notification (1) 12/27/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Westfield NJ 07090							
Name of Contact Joe Galayada		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		City (5) Westfield							
County (6) Union		County Code (7) (STATE USE ONLY)	Square Feet 1,644						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	# of Floors 2						
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	Bldg. Age 71						
City, State, Zip Code South Orange, NJ 07079		Current Use (Prior if being demolished)							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 01/08/2019	Scheduled Completion Date (11) 01/29/2019	Name of OSHA Monitor A. Seine Lighthouse Solutions							
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 PO Box 354							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code South Orange, NJ 07079							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		duct wrap	20 SF	X			
Attic		X		duct wrap	60 SF	X			
Exterior Rear		X		roof shingles	200 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date	City, State Penn Argyle, PA						
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 12/27/2018					

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

Date of Notification (1)

1/8/2019

Name of Building Owner/Operator (2)

Marie Albanese

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☒ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Hillside, NJ, 07205

Name of Contact

Marie Albanese

Telephone Number

JAN 14 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Marie Albanese

Type of Facility (4)

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

Street Address

City

Hillside

County

Union

County Code (7)
(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

01 09 19

Sched. Completion Date (11)

01 11 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

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

Is
Location
Normally
Used
Solely
By Main-
tenance/
Custodial
Staff (12)

Yes No N/A

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

Amount
(Specify
SF or
LF)

Abatement Type

R	R	E	E
E	E	N	N
M	P	C	C
O	A	P	O
V	I	S	S
A	R	U	U
L		L	R

Basement

Pipe Insulation

15 LF

Basement

Boiler Insulation

6 SF

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste
Hauler ID No.
17040

Cubic Yards
of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

01/14/19

City, State

Bronx, NY, 10474


Completed By (Print or Type)

Constantine Vivian

Title

President

Signature



Date

1/8/2019

OK 16505

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

Date of Notification (1) 1/8/2019		Name of Building Owner/Operator (2) Gerald Infantino	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Westfield, NJ, 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Gerald Infantino	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

JAN 14 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Gerald Infantino			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City Westfield	County Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 02 04 19 Month Day Year		Sched. Completion Date (11) 02 06 19 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

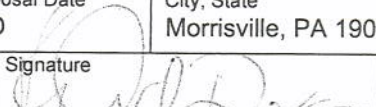
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
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 1.5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 02/07/19	City, State Bronx, NY, 10474		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 1/8/2019

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

CHECK #6010

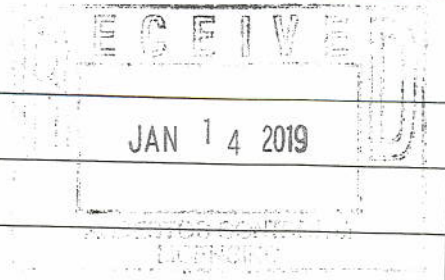
CK6010 PAID

Date of Notification (1) 01-02-19		Name of Building Owner/Operator (2) Janssen Pharmaceuticals							
Agencies Notified	Type Notification	Street Address 1000 Route 202 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Carlos Gonzalez	Telephone Number (908) 872-3365						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1000 Route 202		<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) Raritan		Square Feet	# of Floors Bldg. Age 44 yrs.						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. (973) 651-1040	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 01-07-19	Scheduled Completion Date (11) 08-31-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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: _____		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
Bldg. B: 1st Floor East Wing			x	Transite	3,530SF	x			
Bldg. B: 1st Floor East Wing			x	Transite Countertop	195SF	x			
Bldg. B: 1st Floor East Wing			x	VAT/Mastic	12,820SF	x			
Bldg. B: 2nd Floor East Wing			x	ACM paint on sink	10SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Richard Doran		Title Project Manager	Signature 	Date 01-02-19					

CK 3304

PAID

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



Date of Notification (1) 1/3/2019		Check #3305		Name of Building Owner/Operator (2) Corpus Christi Church					
Agencies Notified		Type Notification		Street Address 218 Washington Place					
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hasbrouck Heights, NJ 07604					
				Name of Contact Rev. Patrick Mulewski	Telephone Number 201-288-1019				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Corpus Christi School				Type of Facility (4)					
Street Address 261 Boulevard				<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) Hasbrouck Heights				Square Feet 40,000	# of Floors 2				
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) School					
Street Address				Name of Abatement Contractor (9) EA Services Corporation					
City, State, Zip Code				Street Address 426 69th Street					
Project Manager for Monitoring Firm				City, State, Zip Code Guttenberg, NJ 07093					
Telephone No.				Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 1/4/2019		Scheduled Completion Date (11) 1/5/2019		Name of OSHA Monitor EA Services					
Occupancy Status During Abatement (Check Only One)				Street Address same as above					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 5 PM				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Night of Columbus Room		x		9x9 Floor Tile + Plywood attach	900 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>			Date 1/3/2019		

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

CK 3303 PAID

DATE RECEIVED JAN 14 2019

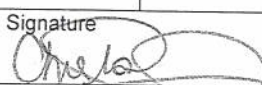
Date of Notification (1) 1/2/2019		Check #3303		Name of Building Owner/Operator (2) Golden Door Charter School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3044 Kennedy Blvd City, State, Zip Code Jersey City, NJ 07306 Name of Contact Efrain Orlene Telephone Number 201-344-4647					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Golden Door Charter School-Admin Building				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 3044 Kennedy Blvd				Square Feet 30,000					
City (5) Jersey City				# of Floors 2					
County (6) HUDSON				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Administrative							
Name of Monitoring Firm Hired by Building Owner (8)		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					
Start Date (10) 1/4/2019		Scheduled Completion Date (11) 1/5/2019		License No. 01074					
Name of OSHA Monitor EA Services				Street Address same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 3 PM				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	4 LF	X			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises Inc			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>		Date 1/2/2019			

CK 5388

PAID

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

RECEIVED
JAN 14 2019

Date of Notification (1) 01 / 08 / 19		Name of Building Owner/Operator (2) Matt Miller		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 14 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]			
						City, State, Zip Code Cherry Hill, NJ 08034			
		Name of Contact Matt Miller		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Miller 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) Cherry Hill				Square Feet 1400	# of Floors 3				
				Bldg. Age 80					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 01 / 21 / 19	Scheduled Completion Date (11) 01 / 23 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	282 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 01/23/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 1/8/19			

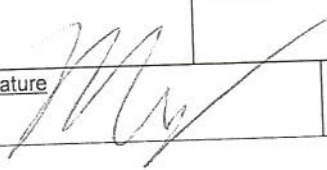
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK28756 PAID
 Date of Notification (1)
 01/09/19

RECEIVED
 JAN 14 2019

Date of Notification (1) 01/09/19		Name of Building Owner/Operator (2) Pine Hill Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 1003 Turnerville Road		City, State, Zip Code Pine Hill, NJ 08021	
Name of Contact Zipporah Daniels-Browne President BOE		Telephone Number 856-783-6900	

Name of Facility Where Abatement is Taking Place (3) Overbrook Highschool			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: 110,000 # of Floors: 1 Bldg. Age: 1954 Current Use (prior if being demolished): School		
Street Address 1200 Turnersville Road			City, State, Zip Code Pine Hill, NJ 08021		
City (5) Pine Hill	County (6) Camden	County Code (7) (State Use Only)	Name of Monitoring Firm hired by Bldg. Owner (8) Epic Environmental Services, LLC		
Street Address 1930 Brown Road			Name of Contractor (9) Panoramic Window & Door Systems Inc.		
City, State, Zip Code Newfield, NJ 08344			Street Address 712 Sergeantsville Road		
Project Manager for Monitoring Firm James Eberts			Telephone Number 856-205-1077		License Number 01237
Scheduled Start Date (10) 1/18/19			Scheduled Completion Date (11) 1/27/19		Name of OSHA Monitor IAQ GURU LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – 3:00-11:00pm Describe <input type="checkbox"/> Other – Describe:			Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035		

Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf						<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior of School Media Center	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) Transite panels below windows	Amount (Specify SF or LF) 370 SF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste		Name of Registered Landfill Chrin Brothers Sanitary Landfill				
Disposal Date			City, State Easton, PA						
Completed by (Print or Type) Mark M Jovic		Title Environmental Projects Manager		Signature 					
Date 01/09/19									

State of New Jersey

Notification of Asbestos Abatement

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

OK 28755 PAID

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JAN 14 2019

Date of Notification (1) 01/09/19		Name of Building Owner/Operator (2) Franklin Township Public Schools		JAN 14 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Albert Fico Principal		Telephone Number 732-746-0170	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MacAfee Road School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: 1 Bldg. Age: 1960's Current Use (prior if being demolished): School		
Street Address 53 MacAfee Rd					
City (5) Somerset	County (6) Somerset	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc.		ASCM No.		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
Street Address P.O. Box 385		Street Address 712 Sergeantsville Road			
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Stockton, NJ 08559			
Project Manager for Monitoring Firm Joe Capone		Telephone Number (609) 577-8803		Telephone Number P (732)926-0900 License Number 01237	
Scheduled Start Date (10) 01/21/19		Scheduled Completion Date (11) 02/09/19		Name of OSHA Monitor IAQ GURU LLC	
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 weekdays - 3:00-11:00pm & Saturdays 8-4 Describe <input type="checkbox"/> Other - Describe:			Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035		
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>					
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 misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Exterior of Building		Transite window panels	880 SF	<input checked="" type="checkbox"/>	
Exterior of Building		Window Sills / Stools	616 Sf	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
			Disposal Date	City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic		Title Environmental Projects Manager	Signature 	Date 1/09/19	

Jan.08.2019 04:56 PM A. Mac Contracting

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PAGE 27 3

DOL-10 DAY

JAN 11 2019

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:28 and 17:29)

Date of Notification (1) 1/8/19		Name of Building Owner/Operator (2) GOLDBERG REALTY ASSOCIATES							
Agencies Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DOA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Consultation	Street Address 33 CLINTON TER SUITE 202 City, State, Zip Code W. CALDWELL NJ 07006							
		Name of Contact KEITH FARLEY	Telephone Number 973-888-7170						
Name of Facility Where Abatement is Taking Place (3) 24 SPRINGFIELD APTS									
Street Address 24 SPRINGFIELD AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) CRANFORD		Square Feet 8000	# of Floors 2						
County (6) UNION		County Code (7) (STATE USE ONLY)	Building Age 64						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.							
Project Manager for Monitoring Firm		Telephone No. 201-282-8841	License No. 00180						
Start Date (10) 1/9/18		Scheduled Completion Date (11) 1/14/18							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 2500 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exhausted (C) and Non-Filtrate Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Partial	Full	Enclosure	Other
Basement			X	PIPE	216 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		RCRP Waste Hauler ID No. 04308	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, N.J. 07106		Disposal Date 1/9/18		City, State Pen Argyl, PA 06072					
Completed by R. McDonald		Title President	Signature [Signature]			Date 1/8/19			

ASB-41 (7-00-08)

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

Jan.08.2019 08:50 AM A. Mac Contracting

2012620321

PAGE. 2 / 3

CK 1191 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:18)

DEL 15 DAY
Check # 1191
JAN 01 4 2019

Date of Notification (1) 1/8/19

Name of Building Owner/Operator (2) CSG PROPERTIES, LLC

Address 3171 HWY 9 N #309 HENRIEVILLE

City, State, Zip Code OLD BRIDGE NJ 08857

Name of Contact GREG FILFOIL

Telephone Number 973-886-0637

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ BSA

Type Notification
☐ Initial
☐ Amended
☒ Emergency (Including jurisdiction) Cancellation

Name of Facility Where Abatement is Taking Place (3) CC PORTFOLIO, LLC

Street Address 67 LINCOLN AVE

City (4) NEWARK

County (5) ESSEX

County Code (7) (STATE USE ONLY)

Type of Facility (6)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☐ Other (i.e. private & commercial buildings, houses, etc.)

Square Feet 2,500

of Floors 3

Site Age 64

Current Use (Prior if being demolished) RES.

Name of Monitoring Firm Hired by Building Owner (8) A.M.C. Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, N.J.

Telephone No. 201-262-5541

License No. 00188

Name of OSHA Monitor Omega Environmental Services Inc.

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, N.J. 07606

Start Date (10) 1/8/19

Scheduled Completion Date (11) 1/12/19

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check All That Apply)
☐ 10 or less sq ft
☐ 100 or less sq ft
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Enclosed (C) and Non-Friable Protection

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Initial	Repair	Encapsulate	Remove
Basement			X	PIPE	120 LF	X			

Name of Registered Waste Handler Newark Carting, Inc.

NJ DEP Waste Handler ID No. 04509

City, State Newark, N.J. 07105

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Pen Argyl, PA 18072

Completed by R. McDonald

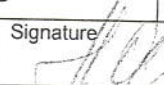
Title President

Date 1/8/19

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

CK 1970 PAID

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JAN 14 2019

Date of Notification (1) 01/07/2019		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle Point on Hudson							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kevin Klich	Telephone Number 201-912-4651						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stevens Institute of Technology Howe Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Castle point on Hudson		Square Feet N/A	# of Floors N/A						
City (5) Hoboken		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Stevens Institute of Technology Howe Center							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-345-8685						
License No. 01311									
Start Date (10) 01/18/2019	Scheduled Completion Date (11) 01/20/2019	Name of OSHA Monitor D&S Abatement, 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 checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor Calder Room		X		Fireproofing	100 SF	X			
3rd floor Calder Room		X		Pipe Fitting Insulation	12 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/07/2019			

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

RECEIVED

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		JAN 14 2019					
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 checked="" type="checkbox"/> Amended-#1-1/9/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	301 Philadelphia Avenue City, State & Zip Code Egg Harbor City, New Jersey 08215							
		Name of Contact Johnny De Los Santos		Telephone Number 347-886-6714					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE			Type of Facility (4)						
Street Address 301 Philadelphia 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) Egg Harbor City	County (6) Atlantic	County Code (7)	Square Feet 20000	# of Floors 3	Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET						
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) 1/8/19	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one)			Street Address 1123 BEAVER STREET						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			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 ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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
1 st Floor – Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor – Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY					
City, State BRISTOL, PA		Disposal Date TBD	City, State EGG HARBOR TWP, NJ						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 1/9/19				

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

CHK # 3491

Date of Notification (1) 12/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>4947</i> <input checked="" type="checkbox"/> DOH <i>4930</i> <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 301 Philadelphia Avenue City, State & Zip Code Egg Harbor City, New Jersey 08215 Name of Contact Johnny De Los Santos Telephone Number 347-886-6714	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON - EGG HARBOR CITY CENTRAL OFFICE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 301 Philadelphia Avenue			Square Feet 20000		
City (5) Egg Harbor City	County (6) Atlantic	County Code (7)	# of Floors 3	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MARK JENKINS			Telephone Number 215-365-5810		
Telephone Number 215-788-6040			License Number 00509		
Scheduled Start Date (10) 1/8/19			Scheduled Completion Date (11) 1/15/19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

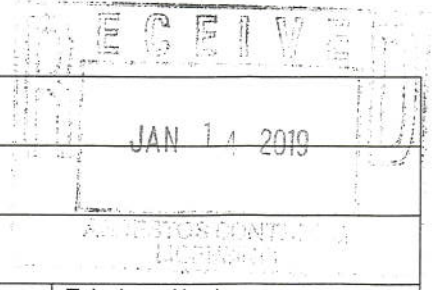
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
1 st Floor - Near AC Unit 2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor - Near AC Unit 2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	203 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 2	Name of Registered Landfill ATLANTIC COUNTY UTILITY AUTHORITY	
City, State BRISTOL, PA		Disposal Date TBD		City, State EGG HARBOR TWP, NJ	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro/gx</i>		Date 12/21/18

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

CK4902

PAID



Date of Notification (1) 12-22-18		Name of Building Owner/Operator (2) Christine Palma							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081							
		Name of Contact Christine Palma	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Springfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 12-22-18	Scheduled Completion Date (11) 12-31-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Clean-up Contaminated Property					
Ground Floor		x		VAT	400 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 12-31-18	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 12-21-18			

CK 9236

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

CH # 9236

Date of Notification (1) 1/9/19		Name of Building Owner/Operator (2) Hudson County	
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 of Notification	Street Address 595 Newark Ave.	
	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	
			Telephone Number 201-369-3420

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hudson County Admin. Bldg.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 595 Newark Avenue			Square Feet 250000		
City (5) Jersey City			County (6) Hudson		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.			ASCM No. 00110		
Street Address 7 Pleasant Hill Road			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Cranbury, NJ 08512			Street Address 323 Changebridge Road, Suite 100		
Project Manager for Monitoring Firm Kevin Lovely			City, State, Zip Code Pine Brook, NJ 07058		
Telephone Number 732-390-5858			Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 1/18/19		Sched. Completion Date (11) 12/31/19	Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and/or weekends</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		


Scope of Work (Check all that apply)

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

☒ Renovation

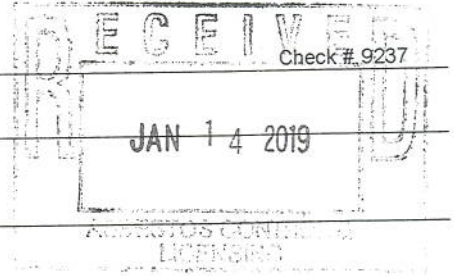
- ☒ Full Containment with Negative Pressure
☒ Mini – Enclosure
☒ Glovebag Procedure
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Various areas		X		Plaster/spray-on ceiling	3000 SF	X	x		
Various areas		x		VAT	3000 SF	x			
Various areas		x		TSI	250 LF	x	x		

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 20 +	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 1/24/19 +		City, State Taylor, PA		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		
				Date 1/9/19		

ASB-41

NOTE: This is a phased project. Minor and/or small areas of work will occur at various times of the year. First area is at 5th floor, 300SF of plaster – Sub 8 project, scheduled for 1/11/19 to 1/15/19.
Amendment #1, 1/9/19: Start date is postponed to 1/18/19.

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

CK 9237

Date of Notification (1)
1/9/19

Name of Building Owner/Operator (2)
Frances Work

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type of Notification
☒ Initial Notification
☐ Emergency
☐ Amended Notification
☐ Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Frances Work

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
[REDACTED]

City (5)
Nutley

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private and commercial buildings, homes, etc.)

Square Feet
2000

of Floors
2

Bldg. Age
~60

Current Use (Prior if being demolished)
residence

Name of Monitoring Firm Hired by Building Owner
N/A

ASCM No.
000

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
323 Changebridge Road, Suite 100

City, State, Zip Code
Pine Brook, NJ 07058

Telephone Number
973-575-8700

License Number
00852

Scheduled Start Date (10)
1/19/19

Sched. Completion Date (11)
1/28/19

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

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: partially vacated

Scope of Work (Check all that apply)

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

☐ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☒ Glovebag Procedure
☐ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	E N C L O S U R
Basement			X	Pipe insulation	20 LF	x				

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
2

Name of Registered Landfill
Alliance Landfill

City, State
Pine Brook, NJ

Disposal Date
1/24/19

City, State
Taylor, PA

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature

Date
1/9/19

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


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JAN 14 2019

Date of Notification (1) 1/8/2019		Name of Building Owner/Operator (2) J. SUPOR REALTY LLC							
Agencies Notified	Type Notification	Street Address 500 SUPOR BLVD.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OFFICE BUILDING		Type of Facility (4)							
Street Address 500 SUPOR BOULEVARD		<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) HARRISON		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
Start Date (10) 1/19/2019		Scheduled Completion Date (11) 1/22/2019	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
3RD & 4TH FLOOR		X		PIPE (WRAP & CUT ONLY)	125 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 1/22/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/8/2019					

PAID

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

Check 18467

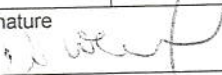
Date of Notification (1) 1/10/19		Name of Building Owner/Operator (2) DNP Construction							
Agencies Notified	Type Notification	Street Address 22 Sassfras Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Brunswick, NJ							
		Name of Contact Keyur Dave	Telephone Number 732-306-7468						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Cresskill		Bldg. Age 62							
County (6) Bergen	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) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/23/19	Scheduled Completion Date (11) 2/1/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
second floor			x	floor tile	600 LF	x			
roof			x	tar paper	165 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ			Disposal Date TBD	City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/10/19			

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

CK 2005

PAID

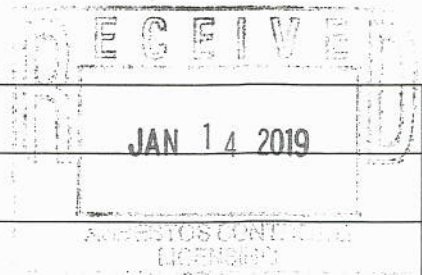
RECEIVED
JAN 14 2019

Date of Notification (1) 01-07-19		Name of Building Owner/Operator (2) Middlesex County College							
Agencies Notified	Type Notification	Street Address 2600 Woodbridge Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison NJ 08818							
		Name of Contact Dan Fuchs	Telephone Number 732-906-4670						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) L'Hommedieu 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 & commercial buildings, homes, etc.)							
Street Address 2600 Woodbridge Ave		Square Feet	# of Floors						
City (5) Edison NJ		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) L'Hommedieu Hall							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 120 North Warren St		Street Address 28 Lisa Ln							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Roland C Jones		Telephone No. 609-3924200	Telephone No. 973-942-6924						
License No. 01129									
Start Date (10) 01-25-19	Scheduled Completion Date (11) 01-28-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
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
Room 133			x	Countertap	145 SF	x			
room 134-135			x	countertap	110 Sf	x			
room 132A-132B			x	countertap	60 SF	x			
room 131			x	countertap	148 SF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341140		Cubic Yards of Waste 30 yds	Name of Registered Landfill Newark Carting Inc				
City, State Lincoln Park NJ		Disposal Date 1-30-19		City, State Newark Nj					
Completed by Dorian Carpio		Title Manager		Signature 		Date 01-07-19			

CK 1903

PAID

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



Date of Notification (1) 12-27-18		Name of Building Owner/Operator (2) Gotthold Paving							
Agencies Notified	Type Notification	Street Address 106 Frederick St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact James Gotthold	Telephone Number (201) 954-1200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Fort Lee		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603 License No. 01206						
Start Date (10) 01-07-19	Scheduled Completion Date (11) 01-15-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	4000 SF	x			
Basement / Bar		x		Popcorn Ceiling	900 SF	x			
Basement / Boiler Rm		x		Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 01-16-19	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 12-27-18			

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

CK 2940 PAID

RECEIVED
JAN 14 2019
ASBESTOS CONTRACTORS
LICENSED

Date of Notification (1) 12/27/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne NJ 07002							
		Name of Contact Theresa Carpena	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne		Square Feet 1,652	# of Floors 3						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 98						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 01/07/2019		Scheduled Completion Date (11) 01/27/2019	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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 PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	100 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 12/27/2018					

PAID

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

Check #1063

Date of Notification (1) 12/31/2018		Name of Building Owner/Operator (2) J&S Home Remodeling							
Agencies Notified	Type Notification	Street Address 467 Walnut St.							
<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 Elizabeth, NJ 07201							
		Name of Contact Jihad Salahuddin	Telephone Number 908-416-4498						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet 3,302	# of Floors 2						
County (6) Union		Bldg. Age 1900							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-906-4123	01355						
Start Date (10) 01/12/2019	Scheduled Completion Date (11) 01/18/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	160 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature	Date 12/31/2018					

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

JAN 14 2019

K3085 PAID
Date of Notification (1) 1/7/19

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
Joseph Tate

Street Address [REDACTED]

City, State, Zip Code Freehold, NJ 07728

Name of Contact
Eric Plackis

Telephone Number

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
2336

of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Home

Name of Facility Where Abatement is Taking Place (3)

Street Address [REDACTED]

City (5) Freehold

County Code (7)
(STATE USE ONLY)

County (6) Monmouth

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Brick Industries, Inc.

Street Address

PO Box 915

City, State, Zip Code

Brick, NJ 08723

Telephone No.

732-899-7499

License No.

01196

Name of OSHA Monitor

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Start Date (10) 1/8/19

Scheduled Completion Date (11)
1/15/19

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
Other - Describe:

Scope of Work (Check All That Apply)

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

☐ Renovation
☒ Demolition

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

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

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

Yes No N/A
X

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

Thermal system insulation

Amount (Specify SF or LF)

20LF

Abatement Type

Removal Repair Encapsulate Enclosure

X

Name of Registered Waste Hauler
Brick Industries, Inc.

City, State

Brick, NJ

Title

President

Completed by
Eric Plackis

NJDEP Waste Hauler ID No.
21602

Cubic Yards of Waste

Disposal Date
1/15/19

Name of Registered Landfill

Grows North Landfill

City, State

Morrisville, PA

Date
1/7/19

Signature

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

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

RECEIVED
JAN 14 2019

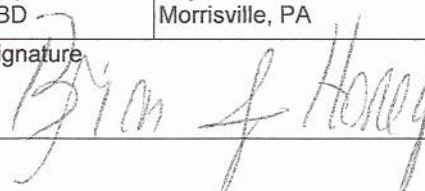
Date of Notification (1) 1-4-2018		Name of Building Owner / Operator (2) PNC Bank PNC Realty Services	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Mail Stop: J1-JYVA-03-1	
		City, State & Zip Code Mercer Regional Center, 2445 Kuser Rd, Hamilton, NJ 08690	
		Name of Contact Greg Schultz - Property Manager	Telephone Number 609-631-2070

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PNC Bank		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 55 Main Street		Square Feet 6,500	# of Floors 1
City (5) South River, NJ	County (6) Middlesex	Bldg. Age 89	
County Code (7)		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 62 Creek Road		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Bellmawr, NJ 08031		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Brian Havanki		Telephone Number 610-955-5841	License Number 01185
Scheduled Start Date (10) 1-7-2019	Scheduled Completion Date (11) 1-8-2019	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 4:00pm - 12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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	Encapsulat	Enclosure
Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

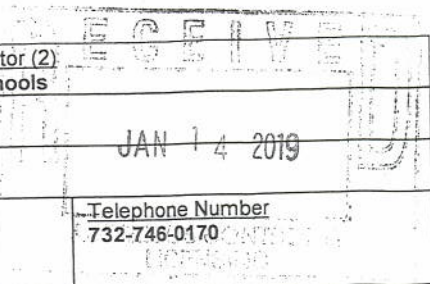
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 1-4-2019

PAID Notification of Asbestos Abatement

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

CK 28754

28754



Date of Notification (1) 1/8/2019			Name of Building Owner/Operator (2) Franklin Township public schools		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH			Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		
Street Address 1755 Amwell Road			City, State, Zip Code Somerset, NJ 08873		
Name of Contact Albert Fico Principle			Telephone Number 732-746-0170		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Conerly Road School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): School		
Street Address 35 Conerly Rd					
City (5) Somerset	County (6) Somerset	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc.			Name of Contractor (9) Panoramic Window & Door Systems Inc.		
Street Address P.O. Box 385			Street Address 712 Sergeantsville Road		
City, State, Zip Code Oceanville, NJ 08231-0385			City State, Zip Code Stockton, NJ 08859		
Project Manager for Monitoring Firm Joe Capone		Telephone Number (609) 577-8803	Telephone Number P (732)926-0900 x102		License Number 01237
Scheduled Start Date (10) 1/9/2019		Scheduled Completion Date (11) 01/25/19		Name of OSHA Monitor IAQ GURU LLC	
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 weekdays - 3:00-11:00pm & Saturdays 9-5 Describe <input type="checkbox"/> Other - Describe:			Street Address 87 Main Street		
			City, State, Zip Code Lincoln Park, NJ 07035		
Source of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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 misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Exterior of Building		Transite window panels	980 SF	<input checked="" type="checkbox"/>	
Exterior of Building		Window Sills / Stools	1778 Sf	<input checked="" type="checkbox"/>	
Exterior of Building		Window caulk / glaze	220 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
			Disposal Date	City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic		Title Environmental Projects Manager	Signature 	Date 1/8/19	

Jan 04 19 12:01p

Resource Management Group

6099144651

p.3

PAID

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

CK 2954

DO NOT WRITE

JAN 14 2019

Date of Notification (1) 1-4-2019		Name of Building Owner / Operator (2) PNC Bank PNC Realty Services	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Mail Stop: J1-JYVA-03-1		City, State & Zip Code Mercer Regional Center, 2445 Kuser Rd, Hamilton, NJ 08611	
Name of Contact Greg Schultz - Property Manager		Telephone Number 609-631-2070	

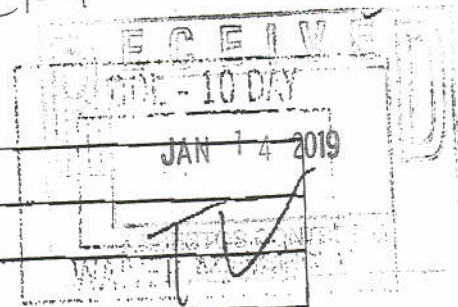
Name of Facility Where Abatement is Taking Place (3) PNC Bank				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 55 Main Street				Square Feet 6,500			
City (5) South River, NJ		County (6) Middlesex		County Code (7)		# of Floors 1	
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants				Name of Abatement Contractor (9) Resource Management Group, LLC			
Street Address 82 Creek Road				Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Bellmawr, NJ 08031				City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Brian Haney				Telephone Number 609-814-4279			
Scheduled Start Date (10) 1-7-2019				License Number 01186			
Scheduled Completion Date (11) 1-8-2019				Name of OSHA Monitor J&S Environmental Laboratories, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 4:00pm - 12:30am <input type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure				City, State & Zip Code Union, NJ 07053			

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
Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0036218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>Brian Haney</i>	Date 1-4-2019

PAID

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



Date of Notification (1) 1/8/19		Name of Building Owner/Operator (2) MS ZOILA LENDOR	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code NEWARK, NJ, 07106	
Name of Contact MS. LENDOR		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. ZOILA LENDOR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2500	
City (5) NEWARK		# of Floors 2	
County (6) ESSEX		Bldg. Age 1930	
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Best Removal, Inc.	
City, State, Zip Code		Street Address 450 South River Street	
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, New Jersey 07601	
Telephone No.		Telephone No. 201-329-7444	
State Date (10) 1/10/19		License No. 00388	
Scheduled Completion Date (11) 1/11/19		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 2:00 PM		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 sf <input type="checkbox"/> 160 sf or 2260 lf <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) KITCHEN		Is Location Normally Used Solely for 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) PLASTER MATERIAL		Amount (Specify SF or LF) 1 AS SF	
Name of Registered Waste Hauler Best Removal, Inc.		Cubic Yards of Waste 3 1/2	
City, State Hackensack, NJ 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 1/11/19		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	
Signature [Signature]		Date 1/8/19	

03 Jan 2000 12:25AM NJ Asbestos Control 609.633.0664

page 1

01/04/2019 01:12PM 2013297440

BEST REMOVAL INC

PAGE 02/04

PAID

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

CIL 1917

DO NOT WRITE IN THESE SPACES

Date of Notification (1) 1/4/19		Name of Building Owner/Operator (2) MS MARY FLETCHER		JAN 4 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code EAST ORANGE, NJ 07018		Telephone Number [REDACTED]	
		Name of Contact Ms. Fletcher			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. MARY FLETCHER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1800	
City (5) EAST ORANGE				# of Floors 2	
County (6) ESSEX				Bldg. Age 1935	
County Code (7) ESSEX				Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal, Inc.	
Street Address				Street Address 450 South River Street	
City, State, Zip Code				City, State, Zip Code Hackensack, New Jersey 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/2/19		Scheduled Completion Date (11) 1/8/19		License No. 00388	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM				Name of OSHA Monitor Omega Environmental	
				Street Address 280 Huyler Street	
				City, State, Zip Code South Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 1 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) to be Abated In Facility (13) BASEMENT	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) 30 LF
	Yes	No	N/A		
				THERMAL SYSTEM INSULATION	X
Name of Registered Waste Hauler Best Removal, Inc.		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1/224	
City, State Hackensack, NJ 07601		Disposal Date 1/8/19		Name of Registered Landfill Minerva Enterprises, LLC	
				City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano	
				Date 1/4/19	

CK 486

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

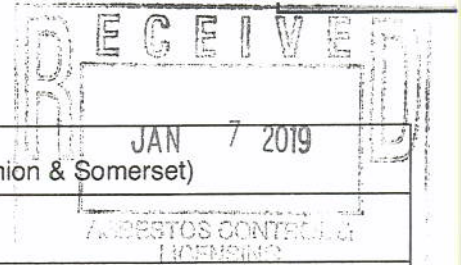
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JAN 7 2019
ASBESTOS CONTAINMENT
LICENSING

Date of Notification (1) 12-28-2018		Name of Building Owner/Operator (2) Proceed Inc(Weatherization Unit for Union & Somerset)							
Agencies Notified	Type Notification	Street Address 1122 E Grand Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ 07201							
		Name of Contact Joseph Sardina	Telephone Number 908-351-7727						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) Hillside NJ 07205		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6198						
Start Date (10) 01-17-2019		Scheduled Completion Date (11) 02-17-2019	License No. 01266						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AMax Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 734							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	20 LF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 02-26-2019		City, State Woodland Park NJ 07424					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 12-28-2019			

CK 487

PAID

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



Date of Notification (1) 12-28-2108		Name of Building Owner/Operator (2) Proceed Inc(Weatherization Unit for Union & Somerset)							
Agencies Notified	Type Notification	Street Address 1122 E Grand Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ 07201							
		Name of Contact Joseph Sardina	Telephone Number 908-351-7727						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Roselle NJ 07203		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6198						
		License No. 01266							
Start Date (10) 01-16-2019	Scheduled Completion Date (11) 02-16-2019	Name of OSHA Monitor AMax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	20 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 02-25-2019		City, State Woodland Park NJ 07424					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 12-28-2019		

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JAN 14 2019

Date of Notification (1) 1 / 3 /19			Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		
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 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION			Name of Contact MICHAEL MARCONI Telephone Number 973-761-9439		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY			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 400 SOUTH ORANGE AVENUE - McQUAID HALL			Square Feet 60,000		
City (5) SOUTH ORANGE			# of Floors 3		
County (6) ESSEX			Bldg. Age 40+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 280 HUYLER STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SOUTH HACKENSACK, NEW JERSEY 07606			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm GEISER FAJARDO			Telephone Number 201-489-8700		
EXPECTED START DATE (10): (RESTART) 12 / 26 /18			Sched. Completion Date (11) 5 / 01 /19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 4PM-12AM			Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.		
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			Street Address 1376 ROUTE 9		
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl.: <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12)		
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		
Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR			Amount (Specify SF or LF)		
3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS			complete 835 SF		
2ND FLOOR ROOMS 118,120,121,122A			315 SF		
2ND FLOOR ROOM 106			85 SF		
2ND FLOOR ROOM 104 & MAIN CORRIDOR			335 SF		
2ND FLOOR ROOMS 108,110,112,114,118,120			170 LF		
ATTIC-THROUGHOUT			78 SF		
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105			NJDEP Waste Hauler ID No. 913		
Cubic Yards of Waste 20			Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		
Disposal Date 12/26-05/01/19			City, State PLAINFIELD TOWNSHIP, PA		
Signature BENJAMIN SANCHEZ			Date 1/3/19		
Title DIRECTOR OF OPERATIONS			Completed by (Print or Type) BENJAMIN SANCHEZ		

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JAN 14 2019

City, State
PLAINFIELD TOWNSHIP
Signature

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

JAN 14 2019

NOCK

of Notification (1)

1	/	3	/19
Types Notified		Type Notification	
<input type="checkbox"/> EPA	<input type="checkbox"/>	<input type="checkbox"/> Initial Notification	
<input type="checkbox"/> DEP	<input type="checkbox"/>	<input checked="" type="checkbox"/> Amended Notification #4	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/>	<input type="checkbox"/> Cancellation	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/>	<input type="checkbox"/> On Hold	
<input type="checkbox"/> DCA	<input type="checkbox"/>	<input type="checkbox"/> EMERGENCY NOTIFICATION	

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

Street Address
30 PROSPECT AVENUE
City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
DONALD FARRELL
Telephone Number
551-996-3778

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

Street Address
30 PROSPECT AVENUE
City (5)
HACKENSACK

County (6)
BERGEN

County Code (7)
(STATE USE ONLY)
99

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

Street Address
300 KIMBALL DRIVE
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Telephone Number
973-560-4983

Project Manager for Monitoring Firm
VIJAY PATEL

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

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

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
Other - Describe: MONDAY - SATURDAY 8AM-4:30PM

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)
of Floors 5
Bldg. Age 80

Current Use (Prior if being demolished)
HOSPITAL

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500
License Number
1101

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING		VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT		VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT		GLUE & CEILING TILE	740 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.
City, State
NEWARK, NEW JERSEY 07105
Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
80

Disposal Date
12/13-5/30/19

Signature

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Date

1/3/19

Title
DIRECTOR OF OPERATIONS

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

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JAN 14 2019

12 / 26 /18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
DONALD FARRELL

Telephone Number
551-996-3778

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

Street Address
30 PROSPECT AVENUE

City (5)
HACKENSACK

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

Street Address
300 KIMBALL DRIVE
City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm
VIJAY PATEL

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

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

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 4 PM-12 AM
SATURDAY 4PM-12AM
☒ Other - Describe:

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

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

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

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

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR ENCAPSUL ENCLOSUR

3RD FLOOR MAIN BUILDING
ST. JOHNS BUILDING BASEMENT
ST. JOHNS BUILDING BASEMENT

VAT & MASTIC COMPLETE
VAT & MASTIC COMPLETE
GLUE & CEILING TILE COMPLETE

2,100 SF
4,000 SF
740 SF

X
X
X

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.
City, State
NEWARK, NEW JERSEY 07105
Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
80

Disposal Date
12/13-5/30/19

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Date
12-26-18

Title
DIRECTOR OF OPERATIONS

Signature

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

RECEIVED
JAN 14 2019

Date of Notification (1)

12 / 21 / 18

Agencies Notified

Type Notification

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

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
DONALD FARRELL

Telephone Number
551-996-3778

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

Street Address
30 PROSPECT AVENUE

City (5)
HACKENSACK

County (6)
BERGEN

County Code (7)
(STATE USE ONLY)

ASCM No.
99

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

Street Address
300 KIMBALL DRIVE

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm
VIJAY PATEL

Telephone Number
973-560-4983

Expected State Date (10)
12 / 13 / 18

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

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY - FRIDAY 4 PM-12 AM
SATURDAY 4PM-12AM
☒ Other - Describe:

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

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

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

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR ENCAPSUL ENCLOSURE

3RD FLOOR MAIN BUILDING

ST. JOHNS BUILDING BASEMENT

ST. JOHNS BUILDING BASEMENT

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
80

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

City, State
NEWARK, NEW JERSEY 07105

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Disposal Date
12/13-5/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Signature

Date
12-21-18

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

33082

Date of Notification (1)

12 / 12 /18

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

Street Address
30 PROSPECT AVENUE

City, State, Zip Code
HACKENSACK, NEW JERSEY 07601

Name of Contact
DONALD FARRELL

Telephone Number
551-996-3778

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)
HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address
30 PROSPECT AVENUE

City (5)
HACKENSACK

County (6)
BERGEN

County Code (7)
(STATE USE ONLY)

ASCM No.
99

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

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

Project Manager for Monitoring Firm
VIJAY PATEL

Telephone Number
973-560-4983

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

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

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 4 PM-12 AM
SATURDAY 8AM-4PM

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
80

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
12/13-5/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

12-12-18

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

RECEIVED
JAN 14 2019

Date of Notification (1)

11 / 21 / 18

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

DONALD FARRELL

Telephone Number

551-996-3778

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Square Feet

200,000

of Floors

5

Bldg. Age

80

Current Use (Prior if being demolished)

HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

11 / 26 / 18

Sched. Completion Date (11)

5 / 30 / 19

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

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

☒ Renovation

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

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

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

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
80

Disposal Date
11/26-5/30/19

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Signature

[Signature]

Date

11/21/18

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

Date of Notification (1) 11 / 15 /18 Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER Street Address 30 PROSPECT AVENUE City, State, Zip Code HACKENSACK, NEW JERSEY 07601 Name of Contact DONALD FARRELL Telephone Number 551-996-3778	
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JAN 14 2019

Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER Street Address 30 PROSPECT AVENUE City (5) HACKENSACK County (6) BERGEN County Code (7) (STATE USE ONLY) 99			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.) Square Feet 200,000 # of Floors 5 Bldg. Age 80 Current Use (Prior if being demolished) HOSPITAL		
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Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL Street Address 300 KIMBALL DRIVE City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm VIJAY PATEL Telephone Number 973-560-4983			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 Telephone Number 845-369-7500 License Number 1101		
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Expected State Date (10) 11 / 26 /18 Sched. Completion Date (11) 5 / 30 /19 Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm			Name of OSHA Monitor QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGER FALLS, NY 12590		
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Scope of Work (Check all that apply)		Renovation		Full Containment with Negative Pressure		Mini-Encl., Glovebag Procedure		Non-Friable Procedure		Abatement Type			
Demolition		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
>3SF OR LF		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
>160 SF OR 260 LF		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					

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	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF *	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

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