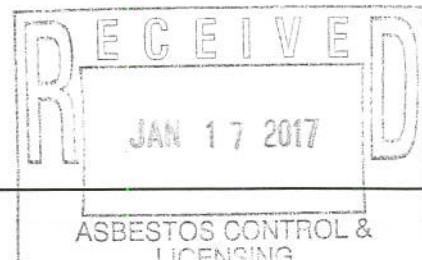


D&S Proj. #: 17-18

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



Date of Notification (1) 01/17/17		Name of Building Owner/Operator (2) LAURENCE ENGEL	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code WESTFIELD, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact LAURENCE ENGEL	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAURENCE ENGEL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/12/17		Sched. Completion Date (11) 01/30/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	30 SQ FT	<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"/>

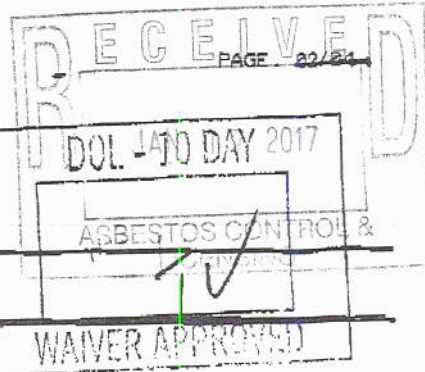
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/13/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/10/17

01/10/2017 01:39PM 9733458060

D&S RESTORATIO

D&S Proj. #: 17-18

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



Date of Notification (1) 01/10/17		Name of Building Owner/Operator (2) LAURENCE ENGEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact LAURENCE ENGEL		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAURENCE ENGEL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age	
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 01/12/17		Sched. Completion Date (11) 01/30/17	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	
			Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable procedure	

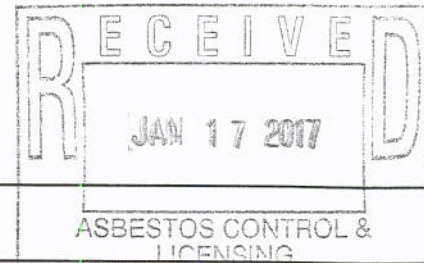
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Eval
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	20 LFT	X			
BASEMENT BOILER		X		BOILER INSULATION	30 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/13/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/10/17

Do not use this form for asbestos licensing evaluation activities

D&S Proj. #: 17-15

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



Date of Notification (1) 01/11/17		Name of Building Owner/Operator (2) Marilyn Vargas	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code IRVINGTON, NJ 07011	
Name of Contact Marilyn Vargas		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Marilyn Vargas			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) IRVINGTON			County (6) ESSEX		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/11/17		Sched. Completion Date (11) 01/30/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

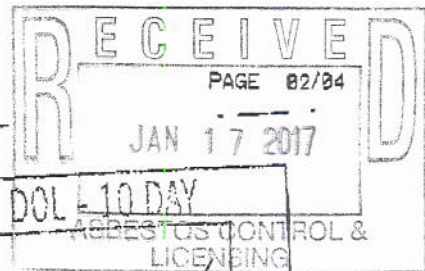
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	220 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/12/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/10/17

01/10/2017 01:03PM 9733458060

D&S RESTORATIO



D&S Proj. #: 17-14

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

Date of Notification (1) 01/11/17		Name of Building Owner/Operator (2) Marilyn Vargas	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code IRVINGTON, NJ 07011	
Name of Contact Marilyn Vargas		Telephone Number	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 01/11/17		Sched. Completion Date (11) 01/30/17	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >2 lf <input type="checkbox"/> ≥100 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure
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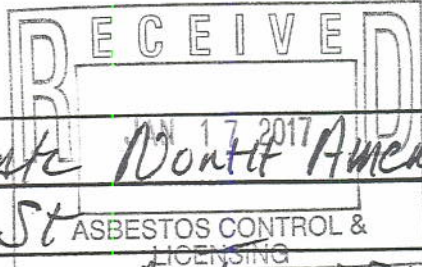
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	220 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/12/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/10/17

* Do not use this form for asbestos abatement activities

CH103759

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



Date of Notification (1) 1/10/17		Name of Building Owner/Operator (2) MAN'S Chocolate World America	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 700 High St	
		City, State, Zip Code Hackettstown, NJ 07840	
		Name of Contact JIM OCHTMAN	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) MAN'S Chocolate		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 700 High St		Square Feet 25,000	
City (5) Hackettstown		# of Floors 2	
County (6) Warren		Bldg. Age 66	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing	
Name of Monitoring Firm Hired by Building Owner (8) EHT		ASCM No.	
Street Address 655 West Stone Trail		Name of Abatement Contractor (9) TW Heritage Const. Serv	
City, State, Zip Code SPARTA, NJ		Street Address PO BOX 372	
Project Manager for Monitoring Firm Bill Kerbel		City, State, Zip Code Hackettstown, NJ	
Telephone No. 973-729-5649		Telephone No. 608-453-2355	
License No. 00768		Start Date (10) 1/20/17	
Scheduled Completion Date (11) 2/5/17		Name of OSHA Monitor EHT	
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: Regular Hours		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Deck material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Deck BOARD INSULATION	905 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

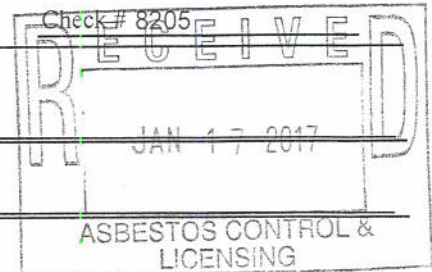
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 14723		Cubic Yards of Waste 30	Name of Registered Landfill 665	
City, State ELWING NJ		Disposal Date 2/7/17		City, State PEN ARNSWY, PA		
Completed by John W. Wasmuth	Title President	Signature John W. Wasmuth	Date 1/10/17			

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

B & G proj. #: 2017-05

Check # 8205

Date of Notification (1) 01/11/2017		Name of Building Owner/Operator (2) Manon Vaccari	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ridgewood, NJ 07451	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Manon Vaccari	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Manon Vaccari			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Ridgewood, NJ 07451	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/23/2017		Sched. Completion Date (11) 01/24/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

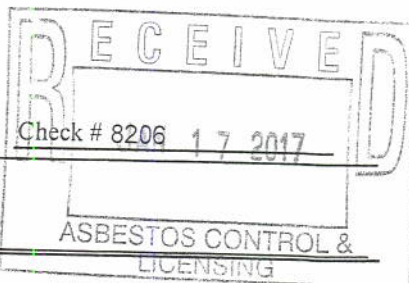
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT & Mastic	760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement bathroom			<input checked="" type="checkbox"/>	VAT & Mastic	88 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/25/2017	City, State Tullytown, PA	

Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/12/2017
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B & G proj. #: 2017-04

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



Date of Notification (1) 10/11/12/17		Name of Building Owner/Operator (2) Estate of Roland Zeidler	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Rutherford, NJ 07070	
Name of Contact Nancy Dowling		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Roland Zeidler			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Rutherford, NJ 07070	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 01/24/2017		Sched. Completion Date (11) 01/25/2017	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

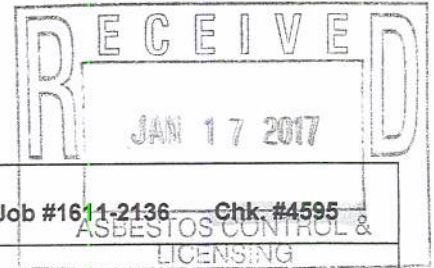
Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>			

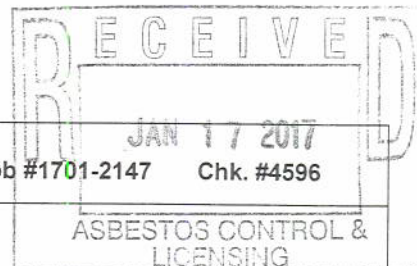
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/25/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/12/2017

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



Date of Notification (1) 12 / 27 / 16		Name of Building Owner/Operator (2) A&H Partnership, LLC		/ Job # 1611-2136 Chk. # 4595					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 69 King Street		City, State, Zip Code Dover, NJ 07801					
		Name of Contact Kirk Harpell		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 69 King Street			City (5) Dover						
City (5) Dover			Square Feet 217,800	# of Floors 4	Bldg. Age 107				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 1 / 10 / 17	Scheduled Completion Date (11) 1 / 25 / 17		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 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd Floor - 2 rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	640 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor - 1 room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor - 1 room & 2 hallway areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 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"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 1/25/17	City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 		Date 1-10-17				

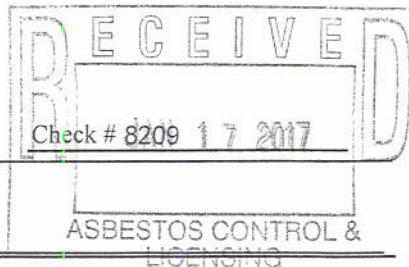
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 1 / 12 / 17		Name of Building Owner/Operator (2) Harry & Joyce Manser		/ Job # 1701-2147 Chk. # 4596					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Florence, NJ 08518 Name of Contact Harry					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>									
City (5) Florence				Square Feet 3600	# of Floors 2				
				Bldg. Age 80					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 W Elizabeth Ave # 2				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Linden, NJ 07036				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone No. (908) 862-4301		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 1 / 21 / 17		Scheduled Completion Date (11) 1 / 21 / 17		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>Saturday</u> AM- PM/ PM- AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ				Disposal Date 12/7/16	City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 1-12-2017			

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

B & G proj. #: 2017-06



Date of Notification (1) <u>01/13/17</u>		Name of Building Owner/Operator (2) Mary K Whelan	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code North Caldwell, NJ 07006	
		Name of Contact Gary	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mary K Whelan			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) North Caldwell	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/25/2017	Sched. Completion Date (11) 01/26/2017		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

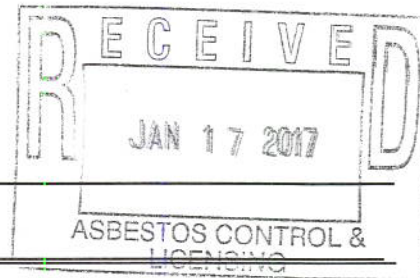
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|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
first floor (living room, wine room, small hallway, & steps)			<input checked="" type="checkbox"/>	VAT (2 layers)	410 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/26/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/13/2017

D&S Proj. #: 17-11

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



Date of Notification (1) 10/11/10/19/11/17		Name of Building Owner/Operator (2) BARBARA TAPPER	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code KEARNY, NJ 07032	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact BARBARA TAPPER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01-30-17	Sched. Completion Date (11) 02-25-17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

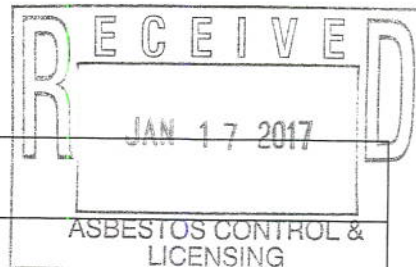
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	206 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/31/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/09/17

* Do not use this form for asbestos licensure exempted activities

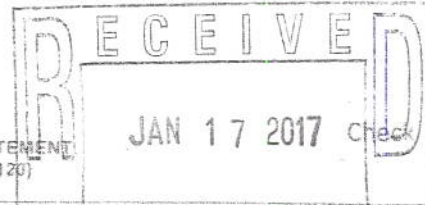
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 01 / 12 / 17		Name of Building Owner/Operator (2) Kerry Ingredients and Flavors							
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 200 Terminal Avenue							
		City, State, Zip Code Clark, NJ 07066							
		Name of Contact Rick Pumo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 200 Terminal Avenue									
City (5) Clark, NJ 07066		Square Feet	# of Floors						
		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) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 01 / 21 / 17	Scheduled Completion Date (11) 02 / 04 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input 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
Computer Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 1/12/17			

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



9339

Date of Notification (1) 1/12/17		Name of Building Owner/Operator (2) GOLD BEARS REALTY ASSOCIATES							
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 33 CLINTON Road		City, State, Zip Code WEST CALDWELL, N.J. 07006							
Name of Contact DEBBIE HUSKELL		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) QUEEN GARDEN APARTMENTS		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 3 ROWAN DR.		City (5) COLONIA							
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ							
Telephone No.		Telephone No. (201)262-5841							
Start Date (10) 1/24/17		Scheduled Completion Date (11) 2/24/17							
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		Current Use (Prior if being demolished) APARTMENT COMPLEX							
Street Address 280 Huyler St.		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 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) 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
Bldg #1451			<input checked="" type="checkbox"/>	Boiler Room	47 LF	<input checked="" type="checkbox"/>			
Bldg #1441			<input checked="" type="checkbox"/>	Boiler Room	200 LF	<input checked="" type="checkbox"/>			
Bldg #1			<input checked="" type="checkbox"/>	Laundry Room	100 LF	<input checked="" type="checkbox"/>			
Bldg #2			<input checked="" type="checkbox"/>	Boiler Room	14 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Newark, NJ		Disposal Date 1/24/17		City, State Bethlehem, PA					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 1/12/17			

CONTINUED →

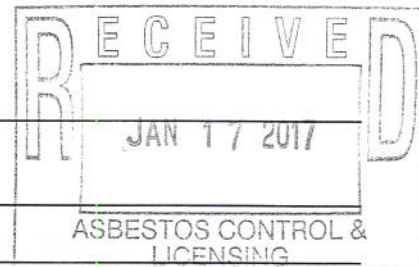
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:100)



Check # 9339

Date of Notification (1) 1/12/17		Name of Building Owner/Operator (2) GOLD BEARS REALTY ASSOCIATES	
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 33 CLAYTON ROAD		City, State, Zip Code WEST CALDWELL, N.J. 07006	
Name of Contact DEBBIE HASSELL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) QUEEN GARDEN APARTMENTS		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 3 ROWAN DR.		City (5) COLONIA	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 1/24/17		Scheduled Completion Date (11) 2/24/17	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 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-Frable Procedure		Street Address 280 Huyler St.	
City, State, Zip Code Hackensack, NJ 07606			
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	
BLDG # 1471		<input checked="" type="checkbox"/>	
BLDG # 1461		<input checked="" type="checkbox"/>	
BLDG # 1431		<input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Boiler Room		132 LF	
STORAGE ROOM		82 SF	
UTILITY ROOM		44 LF	
Abatement Type			
Removal		<input checked="" type="checkbox"/>	
Repair		<input type="checkbox"/>	
Encapsulation		<input type="checkbox"/>	
Enclosure		<input type="checkbox"/>	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste 10	
Completed by Joseph Vaccaro		Disposal Date 1/24/17	
Title Vice President		Signature J. Vaccaro	
Date 1/12/17		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
		City, State Bethlehem, PA	

State of New Jersey

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

Date of Notification (1) 01/12/17 Month/Day/Year		Name of Building Owner/Operator (2) Macerich Management Company	
Agency Notified	Type Notification	Street Address	
X EPA	<input checked="" type="checkbox"/> Initial	401 Santa Monica Blvd Suite 700	
X DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
X DCA	<input type="checkbox"/> Amended	Santa Monica CA 90401	
X DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Aladdin Ghafari	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Deptford Mall- space 1145			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 1750 Deptford Center Road			Square Feet # of Floors Bldg. Age 99,999 4 80		
City (5) Deptford	County (6) NJ	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) library		
Name of Monitoring Firm Hired by Building Owner (8) IPR Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 191-20 - 115th road			Street Address 98 LaCrue Avenue		
City, State, Zip Code St. Albans New York 11412			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Paul Olisah		Telephone Number 347-282-4144	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 02/06/17 Month/Day/Year		Sched. Completion Date (11) 02/08/17 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM to 4:30 PM Other - Describe:			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition ☐ Renovation ☒ Full Containment with Negative Pressure

☒ >3 sf or >3 if >160 sf or >260 lf ☒ Non-Friable Procedure

Mini - Enclosure
Glovebag Procedure

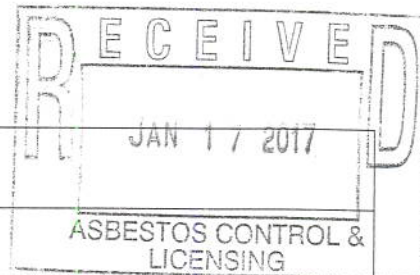
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Space 1145		<input checked="" type="checkbox"/>		floor tile	536 SF	<input checked="" type="checkbox"/>			
Space 1145		<input checked="" type="checkbox"/>		mastic	536 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Mercer Group International	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Tulltown Resources Recovery Facility
City, State 1519 Rev S Howard Woodson Jr Way, trento NJ 08638		Disposal Date As req.	City, State Tullytown PA
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 1-16-17

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



Date of Notification (1) 01 / 13 / 17			Name of Building Owner/Operator (2) Verizon						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Verizon Way City, State, Zip Code Basking Ridge, NJ 07920 Name of Contact Alex Baylor Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon				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 2601 Delsea Drive				Square Feet 10,000					
City (5) Franklinville, NJ				# of Floors 3					
County (6) Gloucester				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870		License No. 00774					
Start Date (10) 01 / 23 / 17		Scheduled Completion Date (11) 01 / 27 / 17		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM				Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101					
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Diesel Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	180 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Bathroom, Closet Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ		Disposal Date 01/27/17		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 01-13-17			

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JAN 17 2017
ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 1 / 13 / 17		Name of Building Owner/Operator (2) Matrix Realty, Inc.		ASBESTOS CONTROL LICENSING
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Forsgate Drive, CN4000		
		City, State, Zip Code Cranbury, NJ 08512		
		Name of Contact Thomas McCloskey	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building L		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 259 Prospect Plains Road, Building L		Square Feet 9,600sf	# of Floors 1
City (5) Cranbury		Bldg. Age 40+ yrs	
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) vacant (previously a laboratory)	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.
Street Address 1600 Route 22 East, Suite #107		Street Address 102 Technology Lane	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Export, PA 15632	
Project Manager for Monitoring Firm Michael Nelsen	Telephone No. 908.688.7800	Telephone No. 724-325-3330	License No. 01121
Start Date (10) 01 / 18 / 17	Scheduled Completion Date (11) 02 / 12 / 2017	Name of OSHA Monitor Hillmann Consulting, 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1600 Route 22 East, Suite #107	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

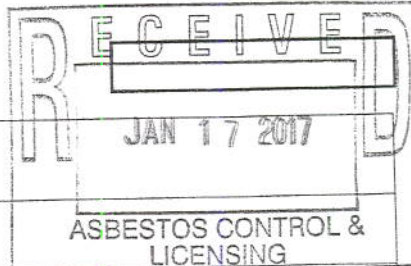
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor Tile & Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Throughout Building	4160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transite Panels in Lab Hoods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lab E1-10,E1-11, E1-23, E1-24	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Fitting Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Throughout Building & Mechanical Rm.	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window & Expansion caulk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior	176 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste 50 cubic yards	Name of Registered Landfill GROWS Landfill
City, State Trenton, New Jersey			Disposal Date 2/12/2017	City, State Morrisville, PA
Completed By (Print or Type) Jessica Wolfe	Title Administrative Support	Signature <i>Jessica Wolfe</i>		Date 1/13/2017

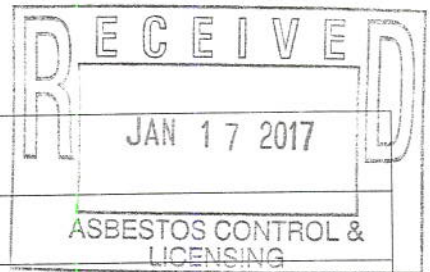
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check#2690



Date of Notification (1) 01 / 11 / 17		Name of Building Owner/Operator (2) Ellen Mendelsohn							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code New Milford, NJ 07646							
		Name of Contact Ellen Mendelsohn	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) New Milford, NJ 07646		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)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 01 / 20 / 17	Scheduled Completion Date (11) 01 / 21 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Nevtic Wenas</i>				Date 01/11/17			

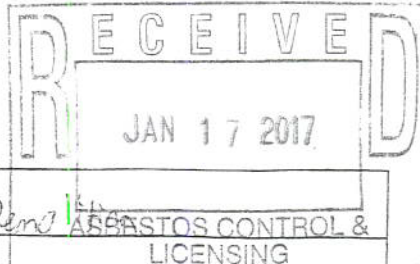
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>1</u> / <u>11</u> / <u>17</u>		Name of Building Owner/Operator (2) Transfiguration of the Lord Parish							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 South Fifth Avenue							
		City, State, Zip Code Highland Park, NJ 08904							
		Name of Contact Father Abraham Lotha	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Guardian Angels Church		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 37 Plainfield Avenue		Square Feet 10,000	# of Floors 2						
City (5) Edison		Bldg. Age 80							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <u>1</u> / <u>23</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>3</u> / <u>17</u>	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 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
1 st Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	50 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 2/3/2017	City, State Newburg, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 				Date 1/11/17		

CH 4500

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



Date of Notification (1) 1/11/17		Name of Building Owner/Operator (2) Anthony Excavating & Demolition							
Agencies Notified	Type Notification	Street Address 22 English Ln							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Egg Harbor Township							
		Name of Contact Steve	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ocean City	Square Feet	# of Floors	Bldg. Age						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ANJ Joe Abatement Demolition LLC							
City, State, Zip Code		1212 Burlington Ave Delanco NJ 08025							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		609-346-0914	01070						
Start Date (10) 1/21/17	Scheduled Completion Date (11) 2/10/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside				Siding	5400 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ANJ Joe LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD	City, State Tullytown PA						
Completed by Joseph T Hill		Title V. President	Signature [Signature]		Date 1/11/17				

CH4152

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

RECEIVED
JAN 17 2017

Date of Notification (1) <u>1-11-17</u>		Name of Building Owner/Operator (2) <u>D. L. MINOR</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>	
Name of Contact <u>CHRIS</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	
City (5) <u>STONE HARBOR</u>		# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPROCKE AVE</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>1-23-17</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>1-30-17</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDWING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>3500 SF</u>	
Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C. M. C. M. U. A</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	
City, State <u>WOODBINE</u>		Signature <u>Michael Klemm</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	
Date <u>1-11-17</u>			

RECEIVED
JAN 17 2017

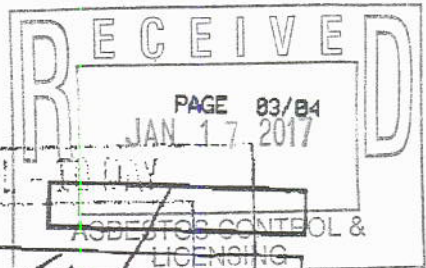
Date of Notification (1) 1-11-17		Name of Building Owner/Operator (2) MITCHELL MICHAELS CONTROL & RESTORATION						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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 RIO GRANDE N.J. 08242						
		Name of Contact SAME	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1500	# of Floors 2					
City (5) STONE HARBOR		Bldg. Age 50+						
County (6) CAPE MAY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMM CO INC						
Street Address _____		Street Address 369 S SPRUCE AVE						
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE N.J.						
Project Manager for Monitoring Firm _____		Telephone No. 856 779-0472	License No. 00444					
Start Date (10) 1-21-17	Scheduled Completion Date (11) 1-28-17	Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____						
		City, State, Zip Code _____						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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) 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) 1750 sf	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
SIDING	X		TRANSITE		X			
Name of Registered Waste Hauler KLEMM CO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3 yds	Name of Registered Landfill C.M.C.M.U.A				
City, State MAPLE SHADE N.J.		Disposal Date _____		City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM		Title SUP.	Signature <i>[Signature]</i>		Date 1-11-17			

CK2107

JAN 17 2017

Date of Notification (1) 1-10-2017		Name of Building Owner/Operator (2) Parkwood Development, LLC		ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		56 Kathleen Court City, State, Zip Code Wayne, NJ 07470 Name of Contact Kyle Winschuh Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4)					
Street Address 720 Clinton Street				<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) Hoboken, NJ 07030				Square Feet 40000	# of Floors 5				
County (6) Hudson				Bldg. Age 80+					
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) Green Environmental Services, LLC					
Street Address			Street Address 235 Virginia Avenue						
City, State, Zip Code			City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 1-21-2017		Scheduled Completion Date (11) 1-31-2017		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Through the property		X		Pipe insulation-Rap & Cut	427 LF	X			
5th floor		X		VAT	425 SF	X			
2nd floor		X		VAT	375 SF	X			
2nd floor		X		Ceiling Insulation	3555 SF	X			
Name of Registered Waste Hauler Green Environmental Services,			NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 30	Name of Registered Landfill G.r.o.w.s. North Landfill				
City, State Jersey City, NJ				Disposal Date 1-31-2017	City, State Morrisville, PA				
Completed by Liliana Serrano			Title Office Manager	Signature <i>Liliana Serrano</i>		Date 1-10-2017			

01/09/2017 01:07PM 9736381778



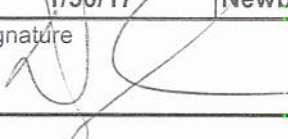
MO#19730000856

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

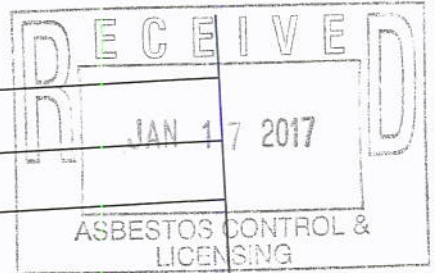
Date of Notification (1) 01 / 09 / 17		Name of Building Owner/Operator (2) Mr. & Mrs. E. Levitt		ASBESTOS CONTAMINATION LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Livingston, NJ 07039 Name of Contact Mr. & Mrs. E. Levitt	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Livingston, NJ 07039			# of Floors		Bldg. Age
County (6) Essex			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
				Telephone No. 973-633-1777	
Start Date (10) 01 / 10 / 17		Scheduled Completion Date (11) 01 / 11 / 17		License No. 01127	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM			Name of OSHA Monitor Envirovision Consultants, Inc		
			Street Address 20-21 Wagaraw Road, Bldg. # 35E		
			City, State, Zip Code Fair Lawn, NJ 07410		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> > 150 sf or >250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation 20 LF	
		<input type="checkbox"/> <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		WDEP Waste Hauler ID No.		Cubic Yards of Waste	
Gr Tech LLC		0033785		TBD	
City, State				Name of Registered Landfill	
Wayne, NJ 07470				T.R.R.F. Inc	
Completed By (Print or Type)		Title		City, State	
N. Jervic		Owner		Tullytown, PA	
		Signature		Date	
		[Signature]		01/09/17	

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

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

Date of Notification 1/9/17		Name of Building Owner / Operator (2) Suburban Associates	
Agencies Notified EPA DEP X DOL X DOH DCA	Type of Notification	Street Address	
	X Emergency Notification	374 Millburn Avenue	
	X Initial Notification	City, State & Zip Code	
	Amended Notification	Millburn, NJ 07041	
	Cancellation	Name of Contact	
		Paul Veltri	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Commercial Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 240 Sheffield Street		Square Feet 20,000	# of Floors 2
City (5) Mountainside	County (6) Union	Bldg. Age 50+	
County Code (7)		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 1/20/17	Scheduled Completion Date (11) 1/30/17	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
X Quantity is ≥ 3 SF or ≥ 3 LF ACM		X Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable	
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 Square Feet or Linear Feet)
Warehouse	N/A	TSI Pipe	150 LF
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 1/30/17	City, State Newburg, PA
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature 	Date 1/9/17

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



Date of Notification (1)

1 / 10 / 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNIK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
60,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
UNIVERSITY

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

Street Address
1253 NORTH CHURCH STREET
City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

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 SOLUTIONS & TECH.

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
856-889-5182

Expected State Date (10)
12 / 23 / 16
Month Day Year

Sched. Completion Date (11)
11 / 30 / 17
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- SATURDY 7AM-3:30 PM

Scope of Work (Check all that apply)

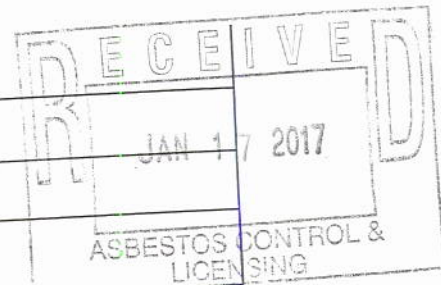
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Demolition X	
--	--

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



NO CK

Date of Notification (1)
12 / 19 /16

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input checked="" type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNIK

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

Facility Information

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input checked="" type="checkbox"/>	Subchapter 8 (Other than K-12)
<input type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
60,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
UNIVERSITY

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 SOLUTIONS & TECH.

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
856-889-5182

Expected State Date (10)
12 / 23 /16
Month Day Year

Sched. Completion Date (11)
11 / 30 / 17
Month Day Year

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-SATURDY 7AM-3:30 PM

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

☒ Renovation

<input checked="" type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	Mini-Enclo.
<input checked="" type="checkbox"/>	Glovebag Procedure
<input type="checkbox"/>	Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			

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
200

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Disposal Date
12/23-11/30/2017

Signature
[Signature]

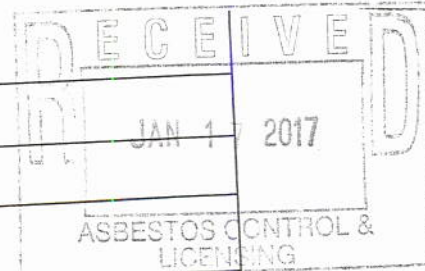
Date
12/19/16

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

no ch

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



Date of Notification (1)

12 / 9 / 16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

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

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNICK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

ASCM No.
3

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

Street Address
1253 NORTH CHURCH STREET
City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
856-889-5182

Expected State Date (10)

12 / 23 / 16
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

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

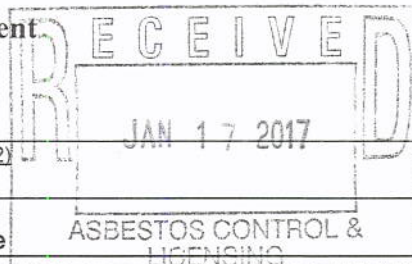
☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED			X	PIPE FITTINGS	85 LF	X			
HALL			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
RECEIVING AREA			X	PIPE FITTINGS	25 LF	X			
BOARD DINING			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
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 200	Disposal Date 12/23-11/30/2017	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA	Date 12/9/16				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 							

State of New Jersey - Notification of Asbestos Abatement

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



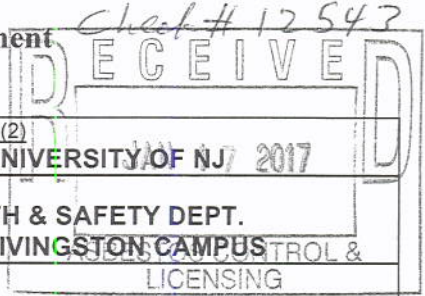
<u>Date of Notification (1)</u> January 9, 2017		<u>Name of Building Owner/Operator (2)</u> The Valley Hospital	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH	<u>Notification Type</u> Initial Notification X Amendment # 3 Emergency (including justification)	<u>Street Address</u> 223 North Van Dien Avenue <u>City, State, Zip Code</u> Ridgewood, NJ 07450-2736 <u>Name of Contact</u> William Stasiak	
		<u>Telephone Number</u> [Blank]	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> The Valley Hospital Cheel Wing- Orthopedic Replacement		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 4 <u>Bldg. Age:</u> 50+ years	
<u>Street Address</u> 223 North Van Dien Avenue		<u>Current Use (prior if being demolished):</u> Hospital	
<u>City (5)</u> Ridgewood	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Colden Corporation		<u>ASCM No.</u> [Blank]	
<u>Street Address</u> 28 Washington Street		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> Ballston Spa, NY 12020		<u>Street Address</u> 511 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> Jim Miades		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Scheduled Start Date (10)</u> September 19, 2016		<u>Telephone Number</u> 347.435.3561	<u>License Number</u> 00840
<u>Scheduled Completion Date (11)</u> August 30, 2017		<u>Name of OSHA Monitor</u> EMSL inc.	
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Phase 1- September 19- 30 th - Day Shift Phase 2- November 7- 13 th -Day Shift Phase 3- January 3, 2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 New Phase Add Work: Cheel 4 th Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017		<u>Street Address</u> 1056 Stelton Road <u>City, State, Zip Code</u> Piscataway, NJ 08854	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Patient Rooms	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT & Mastic	<u>Amount (Specify SF or LF)</u> 7,000 sf
<u>Abatement Type</u> Remove Repair Encap Enclose	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Patient Rooms -4127 & 4128 Cheel Bsmt- Rm# B3, & Storage Rm&Hallway	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT & Mastic VAT & Mastic	500 sf 1,500 sf
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 100
<u>Name of Registered Landfill</u> Meadowfill Landfill		<u>Disposal Date</u> August 30, 2017	
<u>Hauler #1)</u> Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304- 842-2784	
<u>Hauler #2)</u> Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
<u>Completed by (Print or Type)</u> Marin Graure	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> January 9, 2017

GAC # 2016-581-Please Note: Amendment # 3 - Phase 3 Schedule- February 20, 2017- March 3, 2017

Additional Asbestos Material Quantities: Cheel Wing 4th Floor Rooms# 4127 & 4128 & Cheel Bsmt- January 16 2017 to January 23, 2017

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

GAC Project # 060-16



Date of Notification (1) January 11, 2017			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 2017		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years		
Street Address COOK CAMPUS			Current Use (prior if being demolished): ACADEMIC		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 02/03/17		Scheduled Completion Date (11) 02/13/17		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Lab 212	<input checked="" type="checkbox"/>	TSI	250 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 2/13/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date January 11, 2017	

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

12-544
RECEIVED
JAN 17 2017
ENVIRONMENTAL HEALTH & SAFETY DEPT. & LICENSING

GAC Project # 060-16

Date of Notification (1) January 11, 2017			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRADLEY HALL, BLDG# 7230			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 80+ years		
Street Address NEWARK CAMPUS			Current Use (prior if being demolished): ACADEMIC		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 1/20/2017		Scheduled Completion Date (11) 1/23/2017		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> > 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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </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 miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Room 402	<input checked="" type="checkbox"/>	VAT	1400 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 1/23/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date January 11, 2017		