

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

CHECK # _____

Date of Notification (1) 1/7/19		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified	Type Notification	Street Address College Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Toms River, NJ 08754	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Barbara Myers	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 732-255-0400 2104	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ocean County College			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address College Drive			Square Feet NA	# of Floors NA	Bldg. Age NA
City (5) Toms River	County (6) Ocean	County Code (7) NA	Current Use (Prior if being demolished) College		
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
Street Address 234 20th Ave			Street Address 874 Piney Hollow Road, PO Box 70		
City, State & Zip Code Brick, NJ 08724			City, State & Zip Code Winslow, NJ 08095		
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-567-0600	License Number 01263	
Scheduled Start Date (10) 1/17/19	Scheduled Completion Date (11) 2/22/19		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson NJ 08077		

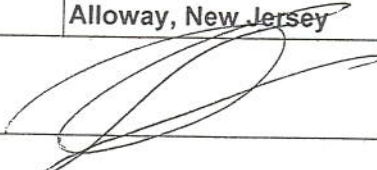
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf ≥ 260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside Gymnasium underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos cement pipe 6 in dia	150 l.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside gymnasium underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos cement pipe 4 in dia	100 l.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 30	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 2/22/19	City, State Alloway, New Jersey		
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 1/7/19

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

JAN 17 2019

PAID

0X 11038

Date of Notification (1)
12/27/18

Name of Building Owner/Operator (2)
[REDACTED]

Street Address
[REDACTED]

City, State, Zip Code
Jersey City, NJ 07438

Name of Contact
Joe Bolowski

Telephone Number
[REDACTED]

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☐ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

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

Street Address
[REDACTED]

City (5)
Jersey City

County (6)
Hudson

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet
1500

of Floors
3

Bldg. Age
50+

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
[REDACTED]

ASCM No. _____

Name of Abatement Contractor (9)
Nova Development Group, Inc.

Street Address
189 Townsend Street

City, State, Zip Code
New Brunswick, NJ 08901

Telephone No.
732 565-3655

License No.
01284

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
[REDACTED]

Name of OSHA Monitor
EMCA

Street Address
17 Meredith Pl.

City, State, Zip Code
Piscataway, NJ 08854

Start Date (10)
1/14/19

Scheduled Completion Date (11)
5/30/19

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	build up roof	1125 SF	x			
facade			x	transite	2100 SF	x			
1st floor			x	VAT	163 SF	x			

Name of Registered Waste Hauler
Nova Development Group, Inc.

NJDEP Waste Hauler ID No.
NJ-807

Cubic Yards of Waste
10

Name of Registered Landfill
GROWS, Inc.

City, State
New Brunswick, NJ

Disposal Date
January 2019

City, State
Morrisville, PA

Completed by
Todd Grant

Title
President

Signature
Todd Grant

Date
12/27/18

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

Jan.10.2019 08:19 AM A. Mac Contracting

2012620321

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CK1194 PAID

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

DATE - 10 DAY
Check # 7194
JAN 7 2019

Date of Notification (1) 1/10/19

Name of Building Owner/Operator (2) SHBA + CHARLES JONES

Agency Notified (3) ☐ EPA ☐ DEP ☐ DCL ☐ DCH ☐ DCA

Type Notification (4) ☐ Initial ☐ Amended ☒ Emergency (Including Justification) ☐ Cancellation

Street Address [REDACTED]

City, State, Zip Code RAMSON NJ 07760

Name of Contact SHBA JONES Telephone Number [REDACTED]

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (5) JONES

Street Address [REDACTED]

City (6) RAMSON NJ 07760

County (8) MONMOUTH County Code (7) (STATE USE ONLY)

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

Square Feet 2800 # of Floors 2 Bldg. Age 60

Current Use (Prior to being demolished) RES

Name of Monitoring Firm Hired by Building Owner (9) A.M.C. Contracting Inc.

Street Address 185 Vreeland Ave.

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

Project Manager for Monitoring Firm Telephone No. 201-262-8841 License No. 00186

Start Date (10) 1/10/19 Scheduled Completion Date (11) 1/17/19

Name of OSHA Monitor Omega Environmental Services Inc.

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

Street Address 280 Huyler Street

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

Scope of Work (Check All That Apply) ☐ 100 sq ft or less ☐ 1000 sq ft or less ☐ 10000 sq ft or less ☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Encapsulated C and Non-Friable Processing

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (16)	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			Full	Partial	Encaps	Other
GAGEN RM + STORAGE RM			X	VAT	437 SF	X			

Name of Registered Waste Hauler Newark Carting, Inc.

N.J. DEP Waste Hauler ID No. 04809

City, State Newark, N.J. 07102

City, State York, PA 17402

Name of Registered Landfill Grand Central Sanitary Landfill

City, State York, PA 17402

Completed by R. McDonald Title President Signature [Signature] Date 1/10/19

Jan.11.2019 11:34 AM A. Mac Contracting

2012620321

PAGE 7 2019 3

OK 1196

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

DOL Check # 1196

Date of Notification (1) 1/11/19		Name of Building Owner/Operator (2) YOUNG + ASSOCIATES							
Agency Notified <input type="checkbox"/> SPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Completion							
Street Address 265 VALLEY BOULEVARD		City, State, Zip Code WOOD-RIDGE NJ 07075							
Name of Contact PAUL WOLFF		Telephone Number 201-939-8200							
Name of Facility Where Abatement is Taking Place (3) TYPOR HALL									
Street Address 275 ENGLE STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City, State, Zip Code ENGLEWOOD		Square Feet 12,000							
County (5) Bergen		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (6)		ASCM No.							
Street Address		Name of Abatement Contractor (8) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-282-8841							
Start Date (10) 1/11/19		Completion Date (11) 1/18/19							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		License No. 00169							
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 260 Huyler Street							
City, State, Zip Code Hackensack, N.J. 07606		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> As of or as N 1500 of or 1500 N <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-enclosed (C) and Non-Practical Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	NA			Removal	Repair	Enclosure	Enclosure
HALL			X	PIPE	6 LF X				
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04608		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 1/11/2000		City, State Pen Argyl, PA 06072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/11/19			

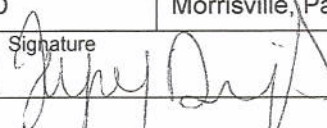
ASB-41 (R-04-02)

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

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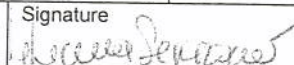
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 1066

Date of Notification (1) 01/13/2018		Name of Building Owner/Operator (2) Clara Valle							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ, 07036 Name of Contact Clara Valle							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,800	# of Floors 2						
City (5) Linden		Bldg. Age 1948							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 01/01/2019	Scheduled Completion Date (11) 01/08/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			
Basement			X	VAT	10 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 01/13/2019			

State of New Jersey

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

Date of Notification (1) 1-9-2019		Name of Building Owner/Operator (2) Mondelez International Inc.		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> RECEIVED JAN 17 2019 </div>					
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 checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Deaforest Avenue City, State, Zip Code East Hanover, NJ 07936 Name of Contact Glenn Stock					
				Telephone Number 732-331-5405					
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 & commercial buildings, homes, etc.)						
Street Address 100 Deaforest Avenue			Square Feet 100000						
City (5) East Hanover, NJ 07936			# of Floors 3		Bldg. Age 44+				
County (6) Morris		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) 1-9-2019		Scheduled Completion Date (11) 2-10-2019		Name of OSHA Monitor Green Environmental Services, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mens- Womens Bathroom 3rd Floor		x		Glue Dots	400 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill			
City, State Jersey City, NJ				Disposal Date 2-10-2019		City, State Morrisville, PA			
Completed by Liliana Serrano		Title Office Manager		Signature 		Date 1-9-2019			

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

CK 2973 PAID

RECEIVED
JAN 17 2019

Date of Notification (1) 1-17-2019		Name of Building Owner/Operator (2) Mondelez International Inc.							
Agencies Notified	Type Notification	Street Address 100 Deaforest Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Glenn Stock	Telephone Number 732-331-5405						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 100 Deaforest Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Hanover, NJ 07936		Square Feet 100000	# of Floors 3						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age 44+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304							
Telephone No.		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 1-17-2019	Scheduled Completion Date (11) 2-30-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<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 Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mens- Womens Bathroom 1st Floor		X		Glue Dots	400 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 2-30-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>			Date 1-17-2019		

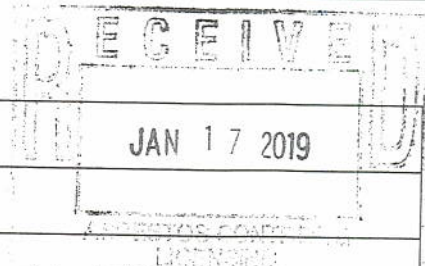
PAID

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

RECEIVED
JAN 17 2019

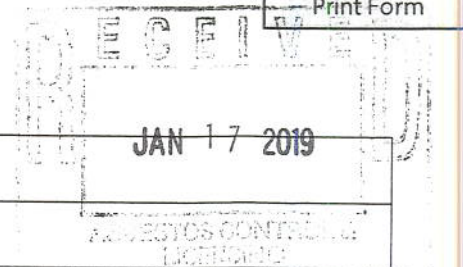
Date of Notification (1) 1-15-2019		Name of Building Owner/Operator (2) Mondelez International Inc.							
Agencies Notified	Type Notification	Street Address 100 Deaforest Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover, NJ 07936							
		Name of Contact Glenn Stock	Telephone Number 732-331-5405						
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 & commercial buildings, homes, etc.)							
Street Address 100 Deaforest Avenue		Square Feet 100000	# of Floors 3						
City (5) East Hanover, NJ 07936		Bldg. Age 44+							
County (6) Morris	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						
Start Date (10) 1-15-2019	Scheduled Completion Date (11) 2-15-2019	License No. 01174							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Green Environmental Services, LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Mens- Womens Bathroom 2nd Floor		x		Glue Dots	400 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 2-15-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature Liliana Serrano			Date 1-15-2019		

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



Date of Notification (1) 1-12-2019		Name of Building Owner/Operator (2) Donna Durando							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Providence, NJ 07974 Name of Contact Donna Durando							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) New Providence, NJ 07974		Square Feet 1857	# of Floors 2						
County (6) Union		Bldg. Age 83+							
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						
Start Date (10) 1-22-2019		Scheduled Completion Date (11) 1-22-2019	License No. 01174						
Name of OSHA Monitor Green Environmental Services, LLC									
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<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 Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Laundry / tools room		x		Pipe Insulation	49 LF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 1-22-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 1-12-2018			

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



Date of Notification (1) 1-14-2019		Name of Building Owner/Operator (2) Margaret Cestaro							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Margaret Cestaro	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Bayonne, NJ 07002		Square Feet 11000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 75+						
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. 201-333-8855	License No. 01174						
Start Date (10) 1-26-2019	Scheduled Completion Date (11) 1-26-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<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 Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 1-26-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>	Date 1-14-2019					

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

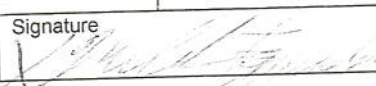
CK 3312 PAID

Date of Notification (1) 01/11/19		Check # 3312		Name of Building Owner/Operator (2) St. Matthew Parish/The Rainbow School		JAN 17 2019			
Agencies Notified		Type Notification		Street Address 555 Prospect Ave		City, State, Zip Code Ridgefield, NJ, 07657			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Joy		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Rainbow School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 555 Prospect Ave				Square Feet 50,000+		# of Floors 2			
City (5) Ridgefield				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. N/A		Name of Abatement Contractor (9) EA Services				
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 01/21/19		Scheduled Completion Date (11) 01/24/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 11am				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Cafeteria		X		9x9 ACM Floor Tile	20 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates			NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise		
City, State Bronx, NY			Disposal Date TBD		City, State Waynesburg, OH				
Completed by Michael Fajardo			Title Office Clerk		Signature 		Date 01/11/19		

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

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

JAN 17 2019

Date of Notification (1) 01/10/19		Check #3307		Name of Building Owner/Operator (2) Holy Trinity/Bergen Arts & Science Charter School					
Agencies Notified		Type Notification		Street Address 43 Maple Ave					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hackensack, NJ, 07601					
				Name of Contact Patrick		Telephone Number 201-968-5039			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science Charter School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 43 Maple Ave				Square Feet 20,000+		# of Floors 3			
City (5) Hackensack				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services				
Street Address N/A			Street Address 426 69th st						
City, State, Zip Code N/A			City, State, Zip Code Guttenberg, NJ, 07093						
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 01/21/19		Scheduled Completion Date (11) 01/23/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8am				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Room 117		x		ACM Elbows	3 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates			NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise		
City, State Bronx, NY			Disposal Date TBD		City, State Waynesburg, OH				
Completed by Michael Fajardo			Title Office Clerk		Signature 			Date 01/10/19	

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

CK 3308 PAID

DATE RECEIVED JAN 17 2019

Date of Notification (1) 01/10/19		Check #3308		Name of Building Owner/Operator (2) St. Anastasia/Community High school					
Agencies Notified		Type Notification		Street Address 1095 Teaneck Road					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Teaneck, NJ, 07666					
				Name of Contact Kenny Columbo					
				Telephone Number 201-862-1796					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1095 Teaneck Road				Square Feet 20,000+					
City (5) Teaneck				# of Floors 3					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services				
Street Address N/A			Street Address 426 69th st						
City, State, Zip Code N/A			City, State, Zip Code Guttenberg, NJ, 07093						
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 201-295-1700				
					License No. 01074				
Start Date (10) 01/25/19		Scheduled Completion Date (11) 01/27/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 1:00pm				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		x		ACM Ends & Breaching Gap	3 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates			NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise		
City, State Bronx, NY			Disposal Date TBD		City, State Waynesburg, OH				
Completed by Michael Fajardo			Title Office Clerk		Signature 		Date 01/10/19		

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

RECEIVED
JAN 17 2019

OK 91325

PAID

Date of Notification (1) 01 / 07 / 19		Name of Building Owner/Operator (2) Morsemere Community Church		JAN 17 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 930 Linden Ave		City, State, Zip Code Ridgefield NJ 07657		Telephone Number 1-201-245-0960					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morsemere Community 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 930 Linden Ave			Square Feet 2400						
City (5) Ridgefield			# of Floors 2		Bldg. Age 89				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No. 0021		Name of Abatement Contractor (9) CPR Environmental Service					
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St							
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136							
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 2018646583		License No. 01328					
Start Date (10) 01 / 08 / 19		Scheduled Completion Date (11) 01 / 09 / 19		Name of OSHA Monitor A.E.S.L.					
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 2200 Patterson Plank Rd. Unit 7						
			City, State, Zip Code North Bergen NJ 07047						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	900SF	<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 Century waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste		Name of Registered Landfill Waste Management			
City, State Elizabeth NJ		Disposal Date		City, State Bristol PA					
Completed By (Print or Type) Anthony Jones		Title Project Manager		Signature <i>Anthony Jones</i>		Date 1.7.19			

CK 29155

PAID

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

RECEIVED
JAN 17 2019

Date of Notification (1) 1/4/19		Name of Building Owner/Operator (2) Residence		Street Address [REDACTED]	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Lauren Latorre		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 2129		
City (5) Westfield, NJ 07090			# of Floors 2		Bldg. Age 53
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465	
Start Date (10) 1/14/19		Scheduled Completion Date (11) 1/31/19		License No. 01316	
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 A. Seine Lighthouse Solutions		
			Street Address PO Box 354		
			City, State, Zip Code South Orange, NJ 07079		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Floor Tile	60 sq. ft.
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	
City, State East Orange, NJ		Disposal Date 1/4/19		Name of Registered Landfill Waste Management Landfill	
Completed by Alison Lamers		Title Office Manager		Signature [Signature]	
				Date 1/4/19	

CK1910

PAID

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

RECEIVED
JAN 17 2019

Date of Notification (1) 01-07-19		Name of Building Owner/Operator (2) Arthur Konefal							
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 Rutherford, NJ 07070							
Name of Contact Arthur Konefal		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Rutherford		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.							
City, State, Zip Code		Street Address 522 7th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087							
Telephone No.		Telephone No. 201 216-9603							
Start Date (10) 01-17-19		License No. 01206							
Scheduled Completion Date (11) 01-21-19		Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Transite Siding	4300 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 01-22-19	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 01-07-19		

CK 1368

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

JAN 17 2019

Date of Notification (1) 01/10/2019		Name of Building Owner/Operator (2) Monmouth University		10 DAY Check No. 1368				
Agencies Notified	Type Notification	Street Address 400 Cedar Avenue						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Long Branch, New Jersey 07764						
		Name of Contact Timothy Orr		Telephone Number (3) 732-574-3424				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Monmouth University, Beechwood hall			Type of Facility (4)					
Street Address 400 Cedar Street			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) West Long Branch, New Jersey 07764			Square Feet 60,000	# of Floors 2	Bldg. Age 60+			
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R-2 Residential-contains 2+ dwelling units, occupants permanent					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation					
Street Address P.O. Box 385		Street Address 606 McBride Ave						
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. D1104				
Start Date (10) 01/10/19		Scheduled Completion Date (11) 01/14/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupants</u>			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 / Limited Containment & Tent <input type="checkbox"/> Non-Exempted ("") and Non-Fragile 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
3rd Floor - K Suite - Bedroom K-3		X	Asbestos Joint Compound & Assoc Sheetrock Ceiling	150 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 01/14/19	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 		Date 01/09/19			

Nov. 30, 2018 08:46 AM ACADEMY CONSTRUCTION INC 9738324213

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

JAN 7 2019

Date of Notification (1) <u>11</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Ramapo College of NJ	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA (NJAC 8:23-6)	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 505 Ramapo Valley Rd City, State, Zip Code Mahwah, NJ 07430 Name of Contact Joe	
		Telephone Number 1906-878-1763	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ramapo College - Linden Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 505 Ramapo Valley Rd.		Square Feet 50,000	# of Floors 50 yrs
City (5) Mahwah		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (8) (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (5) Owner has hired his own.		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.
Street Address		Street Address 205 Rt. 46 West Suite 14	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01379
Start Date (10) <u>12</u> / <u>1</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>10</u> / <u>18</u>	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 K <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted	
		*Wrap and Cut Procedures	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <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)
Linden Hall 19 Rooms, 2nd flr	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sprinkler Pipes	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 Academy Construction Inc.		NJ DEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Fairless Landfill
		City, State Morrisville, PA	
Completed By (Print or Type) John Geleski	Title PM	Signature <i>John Geleski</i>	Date 11/30/18

ABB-41
JAN 13

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

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



Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) MCEF Construction						
Agencies Notified	Type Notification	Street Address 496 East County Line Road						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701						
		Name of Contact MCEF Construction	Telephone Number 732-367-0623					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 1430 Forest Avenue		Type of Facility (4)						
Street Address 1430 Forest Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
City (5) Lakewood		Square Feet	# of Floors					
County (6) Ocean		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 11/19/18		Scheduled Completion Date (11) 11/22/18						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe:		Street Address 6 WHITE DOVE COURT						
		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
EXTERIOR			Siding	2500SF	x			
INTERIOR			Tile	150SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 12	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 12/22/18		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 11/15/18			

JAN. 17 2019

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

Date of Notification (1) 01/09/2019		Name of Building Owner/Operator (2) Plainfield 22 Developers LLC		Check # 1387					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1195 Route 70, Suite 2000 City, State, Zip Code Lakewood, New Jersey 08701 Name of Contact Maurice Zakaria Telephone Number 732-961-8112					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fabric Store			Type of Facility (4)						
Street Address 855 Route 22			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)						
City (5) North Plainfield, New Jersey 07080			Square Feet 30,000	# of Floors 1	Bldg. Age 55+				
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Bldg						
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services LLC		ASCM No. 201-652-1119	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 134 Bennington Parkway		Street Address 606 McBride Ave							
City, State, Zip Code Franklin Park, New Jersey 08823		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Krzyztof Lis		Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 01/10/2019		Scheduled Completion Date (11) 01/17/19		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≤ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 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"/> Tent/Glove Bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Exterior			X	Foundation Walls/Tar	800 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJOEP Waste Hauler ID No. 26085	Cubic Yards of Waste 80 Yds	Name of Registered Landfill Fairless Landfill					
City, State Wayne, New Jersey		Disposal Date 01/17/19		City, State Morrisville, PA					
Completed by Adriana Olejarsova		Title President	Signature 	Date 01/09/2019					

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

JAN 17 2019

Date of Notification (1) 1/9/19		Name of Building Owner/Operator (2) Pine Land Construction LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77th Street		City, State, Zip Code Sea Isle NJ 08234	
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Frank	
Street Address [REDACTED]		Telephone Number 609 425 6172	
City (5) Sea Isle		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.)	
County (6) Cape May		Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Current Use (Prior if being demolished)	
Street Address 1212 Burlington Ave		Name of Abatement Contractor (9) Anti Ice Abatement Demolition LLC	
City, State, Zip Code Delanco NJ 08015		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm Telephone No.		City, State, Zip Code Delanco NJ 08015	
Start Date (10) 1/9/19		Scheduled Completion Date (11) 2/19/19	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Telephone No. 609-346-0916	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		License No. C1070	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Name of OSHA Monitor	
<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		Street Address	
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) OUTSIDE		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) Siding		Amount (Specify SF or LF) 3000	
Abatement Type Removal Repair Enclosure			
Name of Registered Waste Hauler Anti Ice LLC		NJDEP Waste Hauler ID No. 20547	
Cubic Yards of Waste		Name of Registered Landfill WM of PA	
Disposal Date 1/30		City, State Hilltown PA	
Signature Joseph T. Hill		Date 1/9/19	

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

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

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Date of Notification (1) 1/09/19		Name of Building Owner/Operator (2) Edmonds Contracting	
Agencies Notified	Type Notification	Street Address 58 Ware Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Saddle River, NJ 07458	
		Name of Contact Eric Conklin	Telephone Number 201-739-9760

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JAN 17 2019
ASBESTOS CONTROL
LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Modell's		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 77 Interstate Shopping Center		Square Feet 5000	# of Floors 2
City (5) Ramsey		Bldg. Age 70	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant store	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 1/21/19	Scheduled Completion Date (11) 2/21/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile & mastic	8,200 SF	x			
"			x	ceiling material	8,200 SF	x			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark NJ	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 1/09/19

CH 4927

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

CH 1927

RECEIVED

JAN 17 2019

Date of Notification (1) 1/14/19		Name of Building Owner/Operator (2) EXECUTIVE HOUSE							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 BEECH ST City, State, Zip Code HACKENSACK NJ, 07601 Name of Contact MR O'CONNELL Telephone Number 845-597-8208							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) EXECUTIVE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 301 BEECH ST		Square Feet 204750	# of Floors 13						
City (5) HACKENSACK		Bldg. Age 1962							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) 306 APTS							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc.							
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 1/28/19	Scheduled Completion Date (11) 1/29/19	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) BASEMENT	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 45LF	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 CYS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 1/29/19		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 1/14/19			

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

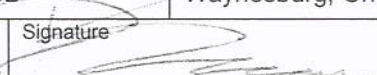
CL 2993

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office	
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Mr. Paul Kara, Admin Contracting Officer	Telephone Number (732) 667-7274

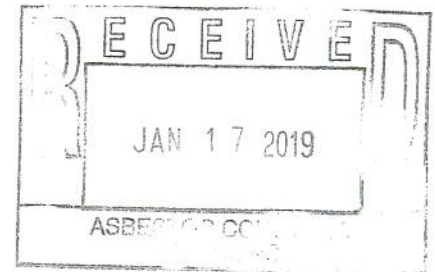
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 JAN 17 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Middlesex	Square Feet 2730	# of Floors 2	Bldg. Age 60
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 3/21/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K	
<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 Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 1/7/2019

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	175 LF	X			
Basement		X		Elbow Insulation	33 Each	X			
2 nd Floor Bathroom		X		Floor Tile/Mastic	458 SF	X			
1 st Floor Kitchen		X		Plaster	918 SF	X			
Exterior		X		Transite	4300 SF	X			
Boiler Room		X		Boiler Insulation	128 SF	X			



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

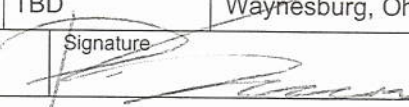
Ch 2994

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office	
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Mr. Paul Kara, Admin Contracting Officer	Telephone Number (732) 667-7274

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 JAN 17 2019

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Middlesex	Square Feet 3840	# of Floors 2	Bldg. Age 60						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 2/21/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="float: right;"> <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 </div>									
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
Rooftop		x		Roof Flashing	68 LF	x			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 1/7/2019

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

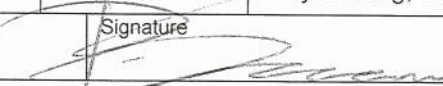
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 JAN 17 2019
 ASBESTOS

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 S Lincoln Avenue	
		City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Mr. Paul Kara, Admin Contracting Officer	Telephone Number (732) 667-7274

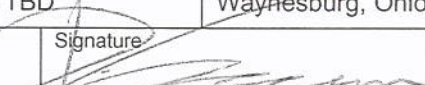
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1543	# of Floors 1
City (5) Middlesex		Bldg. Age 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 2/21/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X		Red Floor Tile	9 SF	X			
1st Floor Living Room		X		Off White Joint Compound	480SF	X			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 1/7/2019

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

Ch 2992

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		225 S Lincoln Avenue					
				City, State, Zip Code Middlesex, NJ, 08846					
				Name of Contact Mr. Paul Kara, Admin Constracting Officer					
				Telephone Number (732)-667-7274					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Middlesex				Square Feet 2730	# of Floors 2				
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60				
Name of Monitoring Firm Hired by Building Owner (8) TBD				ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC				
Street Address				Street Address 1385 Valley Road, Suite K					
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm				Telephone No. (973) 928-5040	License No. 00874				
Start Date (10) 1/21/2019		Scheduled Completion Date (11) 2/21/2019		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<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 Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front Entrance		x		Off White Skim Coat	294 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 1/7/2019			

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

CHECK #6010

JAN 17 2019

ASBESTOS CONTROL

Date of Notification (1) 01-02-19		Name of Building Owner/Operator (2) Janssen Pharmaceuticals							
Agencies Notified	Type Notification	Street Address 1000 Route 202 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Carlos Gonzalez	Telephone Number (908) 872-3365						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1000 Route 202		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Raritan		Square Feet	# of Floors Bldg. Age 44 yrs.						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. (973) 651-1040	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 01-07-19	Scheduled Completion Date (11) 08-31-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Section of bldg. will be not be occupied during abatement		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. B: 1st Floor East Wing			x	Transite	3,530SF	x			
Bldg. B: 1st Floor East Wing			x	Transite Countertop	195SF	x			
Bldg. B: 1st Floor East Wing			x	VAT/Mastic	12,820SF	x			
Bldg. B: 2nd Floor East Wing			x	ACM paint on sink	10SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Richard Doran		Title Project Manager		Signature		Date 01-02-19			

Pg. 2

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NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CL # 027867

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JAN 17 2019

ASBESTOS CONSULTING
917-531-0940

Date of Notification (1) 01 / 10 / 19		Name of Building Owner/Operator (2) ARTHUR SCHUSTER, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address D-22 HUNTS POINT CO-OP MARKET		City, State, Zip Code BRONX, NY 10474	
Name of Contact MR. ZACK HITCHCOCK		Telephone Number 917-531-0940	
Name of Facility Where Abatement is Taking Place (3) WAREHOUSE			
Street Address 60 INDUSTRIAL ROAD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) LODI	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Square Feet 30,000 +
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN		ASCM 00110	Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Street Address 7 PLEASANT HILL ROAD		City, State, Zip CRANBURY, NJ 08512	Street Address 1141 ROUTE 23
Project Manager for Monitoring Firm MR. KEVIN LOVELY		Telephone Number 732-390-5858	City, State, Zip WAYNE, NJ 07470
Scheduled State Date (10) 01 / 21 / 19		Scheduled Completion Date (11) 02 / 28 / 19	Telephone Number 973 628-9500
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 <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		License Number 00408	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 5 sf or ≥ 5 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
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)
Warehouse - Interior		X	Floor Tile & Mastic
Warehouse - Interior		X	Wall Mastic
Warehouse - Interior		X	Joint Compound
Warehouse - Interior		X	Pipe & Fitting Insulation
Warehouse - Exterior		X	Window Glazing/Caulking
Warehouse - Exterior		X	Transite
Warehouse - Roof		X	Roofing / Flashing
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819	Amount (Specify SF or LF) 6,350 SF
City, State Wayne, NJ		Cubic Yards of Waste 100	Abatement Type R E N E M E C C O P P O V A S S A I U U L R L R E E
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager	Name of Registered Landfill Grand Central Landfill
Signature [Signature]		Disposal Date 01/10/19	City, State Pen Argyle, PA

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

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JAN 17 2019

Date of Notification (1) 1-13-19		Name of Building Owner/Operator (2) BUDDS GRADING & EXCAVATING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 109 FOLLING MILL RD		City, State, Zip Code VILLAS N.J. 08251					
Name of Contact BEN		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					
City (5) VILLAS		# of Floors 2	Bldg. Age 50				
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEWCO INC					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. # 01371				
Start Date (10) 1-23-19	Scheduled Completion Date (11) 2-3-19	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1000 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 4	Name of Registered Landfill C.M.C. MUA			
City, State MAPLE SHADE N.J.		Disposal Date		City, State WOODBINE N.J.			
Completed By MICHAEL KLEWCO		Title PRES	Signature <i>[Signature]</i>		Date 1-13-19		

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

JAN 17 2019

Date of Notification (1) <u>1-13-19</u>		Name of Building Owner/Operator (2) <u>DAN</u>		ASBESTOS CONTAINING MATERIAL (3)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address _____ City, State, Zip Code <u>SEA ISLE CITY</u>					
		Name of Contact <u>DAN</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 _____			Square Feet <u>1500</u>						
City (5) <u>SEA ISLE CITY</u>			# of Floors <u>2</u>		Bldg. Age <u>50+</u>				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
City, State, Zip Code _____		Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>					
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor <u>N/A</u>					
Start Date (10) <u>1-23-19</u>		Scheduled Completion Date (11) <u>2-3-19</u>		Street Address _____					
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: _____				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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2250 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
			<u>TRANSITE</u>	<u>X</u>					
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>C. MAC MUA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>		Date <u>01-13-19</u>			

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

CH 2996 PAID

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office							
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Mr. Paul Kara, Admin Contracting Officer	Telephone Number (732) 667-7274						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Middlesex		Square Feet 1134	# of Floors 1						
County (6) Middlesex		Bldg. Age 60							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 2/21/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1st Floor Living Room		x		Off White Joint Compound	512 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature [Signature]			Date 1/7/2019		

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

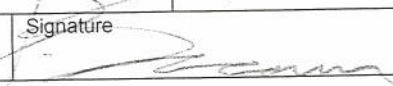
CH 2997

Date of Notification (1) 1/7/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers / NY District / NJ Civil Works Office	
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Mr. Paul Kara, Admin Contracting Officer	Telephone Number (732) 667-7274

2997
RECEIVED
 JAN 17 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1497	# of Floors 1
City (5) Middlesex		Bldg. Age 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC	
City, State, Zip Code		Street Address 1385 Valley Road, Suite K	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07basment470	
Telephone No. _____		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 3/21/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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 Closet Side of Home		X		Black Water Proofing	1040 SF	X			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 1/7/2019

State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED

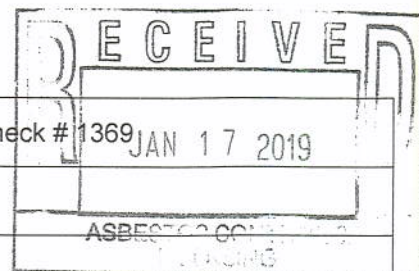
JAN 17 2019

Date of Notification (1) January 9, 2018		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> x DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> x DOH		Notification Type Initial Notification x Amendment # 2- 1/9/19 Emergency (including justification)	
Street Address 223 North Van Dien Avenue		City, State, Zip Code Ridgewood, NJ 07450-2736	
Name of Contact William Stasiak		Telephone Number 201-447-8141	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Warehouse		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 599 Valley Health Plaza		Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
City (5) Paramus	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Street Address 511 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) December 5, 2018	Scheduled Completion Date (11) March 31, 2019	Name of OSHA Monitor EMSL inc.	
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:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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) 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)
Warehouse	<input checked="" type="checkbox"/>	TSI	400 LF
		VAT & Mastic	2,990 sf
		Concrete Expansion Joint	450 sf
		Glue Daubs	130 sf
		Mechanical Duct Tar	6 sf
Exterior Canopy		VAT	400 sf
		Roofing	200 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 180
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill/GROWS	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date March 31, 2019	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date January 9, 2018

GAC # 2018-665 Please Note: Amendment # 2 - Additional asbestos quantities

CH 1369

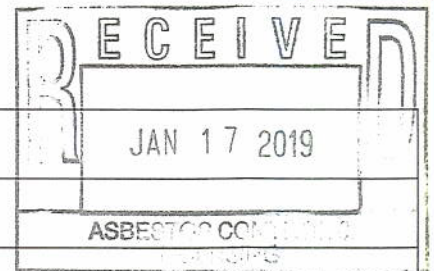
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) Ilana Rosenberg		Check # 1369					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Englewood, New Jersey 07631 Name of Contact Ilana Rosenberg Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)						
Street Address [REDACTED] City (5) Englewood, New Jersey 07631			Square Feet 3000	# of Floors 2	Bldg. Age 55+				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services LLC		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 134 Bennington Parkway		Street Address 606 McBride Ave							
City, State, Zip Code Franklin Park, New Jersey 08823		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No 201-652-1119		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01/21/2019		Scheduled Completion Date (11) 01/23/19		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Tent/Glove Bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	180 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 4 Yds	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 01/23/19		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 01/11/2019		

CH1913

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



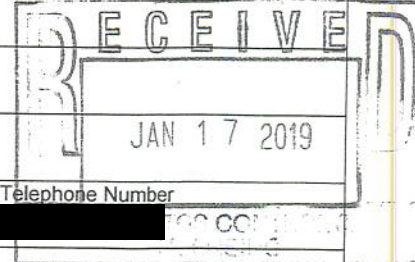
Date of Notification (1) 01-10-19		Name of Building Owner/Operator (2) Henry Nunez		JAN 17 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code West Caldwell, NJ 07006 Name of Contact Henry Nunez Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED] City (5) West Caldwell				Square Feet # of Floors Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.		City, State, Zip Code Union City NJ 07087					
City, State, Zip Code		City, State, Zip Code Union City NJ 07087		License No. 01206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603					
Start Date (10) 01-21-19		Scheduled Completion Date (11) 01-25-19		Name of OSHA Monitor Delfa Contracting LLC					
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: 7:00 am - 5:00 pm				Street Address 522 7th St. City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	70 LF	x			
Basement		x		VAT	650 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10		Name of Registered Landfill Tullytown Resource Recovery Facility			
City, State Union City, NJ		Disposal Date 01-25-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 01-10-19			

PAID

Print Form

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

Check #1065

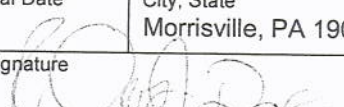


Date of Notification (1) 01/09/2019		Name of Building Owner/Operator (2) Linda Cate							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ 08755							
		Name of Contact Linda Cate	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cliffwood		Square Feet 1,234	# of Floors 2						
		Bldg. Age 1948							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-906-4123	01355						
Start Date (10) 01/25/2019	Scheduled Completion Date (11) 01/31/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 01/09/2019			

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

Print Form	
R E C E I V E D	
CHECK #6010	JAN 17 2019
ASBESTOS CONTROL	


Date of Notification (1) 01-10-19		Name of Building Owner/Operator (2) Janssen Pharmaceuticals							
Agencies Notified	Type Notification	Street Address 1000 Route 202 South							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Carlos Gonzalez	Telephone Number (908) 872-3365						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1000 Route 202		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Raritan		Square Feet	# of Floors Bldg. Age 44 yrs.						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. (973) 651-1040	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 01-07-19(2)Project Postponed	Scheduled Completion Date (11) 08-31-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Section of bldg. will be not be occupied during abatement		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. B: 1st Floor East Wing			x	Transite	3,530SF	x			
Bldg. B: 1st Floor East Wing			x	Transite Countertop	195SF	x			
Bldg. B: 1st Floor East Wing			x	VAT/Mastic	12,820SF	x			
Bldg. B: 2nd Floor East Wing			x	ACM paint on sink	10SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Richard Doran		Title Project Manager	Signature 	Date 01-10-19					

Title Of Project: 1000 Route 202, Raritan, NJ 08869
Additional Materials / Floors

[illegible]

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

JAN 17 2019

Date of Notification (1) <div style="text-align: center;">01 / 14 / 19</div>		Name of Building Owner/Operator (2) All American Environmental							
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 136 Edison Road							
		City, State, Zip Code Lake Hopatcong, NJ 07849							
		Name of Contact Andrew Smith	Telephone Number 973-663-1680						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Tranquility		Square Feet 2400 sf	# of Floors 2						
		Bldg. Age 90							
County (6) Sussex	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">01 / 24 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">01 / 25 / 19</div>		Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/23/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 01/14/19			

JAN 17 2019

ASB-41
JAN 13

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

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

CK 49267 2019

Date of Notification (1) 1/14/19		Name of Building Owner/Operator (2) TOWNSHIP OF NORTH BERGEN							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4233 KENNEDY BLVD							
		City, State, Zip Code NORTH BERGEN - NJ 07047							
		Name of Contact MR PETER HAMMER	Telephone Number 201-392-2051						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TOWNSHIP OF NORTH BERGEN		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 141 - 74TH ST		Square Feet 3000	# of Floors 2						
City (5) NORTH BERGEN		Bldg. Age 80 YRS							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 1/29/19	Scheduled Completion Date (11) 1/31/19	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
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 Containmentment 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 PLASTER			X	TRANSITE PLASTER	2450SF X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 200 YRS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 1/31/19		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano		Date 1/14/19			

Jan.09.2019 09:04 AM A. Mac Contracting

2012620321

PAGE 2/3

CK 1193 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:26 and 26:28)

DOL 10 DAY
JAN 17 2019
Check # 1193

Date of Notification (1) 1/9/19		Name of Building Owner/Operator (2) GARY BERKOWITZ						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Consultation	Street Address 575 N. MIDLAND AVE City, State, Zip Code SADDLE BROOK NJ 07643						
		Name of Contact JOE ALDADOLA	Telephone Number					
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING								
Street Address 575 N. MIDLAND AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)						
City (5) SADDLE BROOK		Square Feet 12,000	# of Floors 1					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Age 50					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 185 Vreeland Ave.						
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00160					
Start Date (10) 1/9/19	Scheduled Completion Date (11) 1/14/19	Name of OSHA Monitor Omega Environmental Services 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 Other - Describe:		Street Address 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07608						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ab of or ab if 1100 or 1100 if <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Gloving Procedure Non-Regulated ("C") and Non-Friable Fibers								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Enclosure	Sealing
Boiler Room			PIPE	60 LF	X			
Waste Hopper			PIPE	24 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NUEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, N.J. 07105		Dispatch Date 1/9/19	City, State Pen Argyl, PA 08072					
Completed by R. McDonald		TRP President	Date 1/9/19					

CK9108

B & G proj. #:

2019-15

PAID

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

Check # 101001N 17 2019

Date of Notification (1) 01/14/2019		Name of Building Owner/Operator (2) Donna Gallagher	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Sparta, NJ 07871	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Donna Gallagher	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Donna Gallagher		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
City (5) Sparta		<input type="checkbox"/> Subchapter s (Other than K-12)	
County (6) Sussex	County Code (7) (State use only)	<input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Square Feet	# of Floors
Street Address		Bldg. Age	
City, State, Zip Code		Current Use (Prior if being demolished) residential	
Name of Abatement Contractor (9) B & G Restoration, Inc.		Telephone Number	
Street Address		License Number	
City, State, Zip Code		00378	
Name of OSHA Monitor B & G Restoration, Inc.		Street Address	
Project Manager for Monitoring Firm		105 Ryerson Road	
Phone Number		City, State, Zip Code	
Scheduled Start Date (10) 01/15/2019		Lincoln Park, NJ 07035	
Scheduled Completion Date (11) 01/17/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		105 Ryerson Road	
<input type="checkbox"/> Abatement performed outside of normal facility hours.		City, State, Zip Code	
Description:		Lincoln Park, NJ 07035	
<input type="checkbox"/> Other-Describe:			

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 ft ☒ ≥160 sf or ≥260 ft ☐ 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 o s e	E n c l o s e
	Yes	No	N/A						
Basement			X	VAT & Mastic	520 sqft	<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 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/17/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/14/2019

B & G proj. #: 2019-15

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

Emergency

Check # 9108

Date of Notification (1) 01/14/19		Name of Building Owner/Operator (2) Donna Gallagher	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Sparta, NJ 07871	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Donna Gallagher	
<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) Donna Gallagher			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) Sparta	County (6) Sussex	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		License Number 00378
Scheduled Start Date (10) 01/15/2019	Sched. Completion Date (11) 01/17/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ 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"/>	VAT & Mastic	520 sqft	<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 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/17/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/14/2019

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

Date of Notification (1) 01/14/19		Name of Building Owner/Operator (2) Ameritrust Residential Services		JAN 17 2019					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		3525 Piedmont Rd NE Building 7 Suite 70					
				City, State, Zip Code Atlanta, GA, 30305					
		Name of Contact Ameritrust Residential Services		Telephone Number 844-554-0196					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 311 Ellery Avenue				Type of Facility (4)					
Street Address 311 Ellery Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark				Square Feet	# of Floors				
				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address				Street Address 6 WHITE DOVE COURT					
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 01/24/19		Scheduled Completion Date (11) 01/29/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)				Street Address 6 WHITE DOVE COURT					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPNG	150LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 01/29/19	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 01/14/19			

PAID

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

ck# 1275

Date of Notification (1) 01/14/19		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	1 Bergen County Plaza	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # <u>3</u>	Hackensack, NJ, 07601	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Scott Luna	201-336-6804

RECEIVED
JAN 17 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse		Type of Facility (4)	
Street Address 10 Main St.		<input type="checkbox"/> School (K-12)	
City (5) Hackensack		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Bergen		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)	Square Feet 342,797	# of Floors 5	Bldg. Age 1957
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc	ASCM No. 00120	Current Use (Prior if being demolished) Courthouse	
Street Address 280 Huyler Street	Name of Abatement Contractor (9) Unicorn Contracting Corp.		
City, State, Zip Code South Hackensack, NJ, 07606	Street Address 32 Willow Way		
Project Manager for Monitoring Firm Alex Palets	Telephone No. 201-481-6209	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 5/7/18	Scheduled Completion Date (11) 7/20/2019	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: <u>08:00pm - 04:30am</u>			
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"/> ≥160 lf or ≥260 lf		<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) 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
Please See Attached									

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 40+ CU YD	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 01/14/19

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
Ground Floor Boiler Room	X			Interior Transite Windows	220 SF	X			
1st Floor Admin Bldg Main Lobby		X		TSI/Fittings	50 LF	X			
2nd Floor Admin Bldg Office Space		X		TSI/Fittings	525 LF	X			
2nd Floor Admin Men's & Women's Restrooms		X		TSI/Fittings & Debris	50 LF	X			
2nd Floor Admin Men's & Women's Restrooms		X		Wire Insulation	10 LF	X			
2nd Floor S. Annex Office Space		X		TSI/Fittings	270 LF	X			
2nd Floor S. Annex Men's & Women's Restrooms		X		TSI/Fittings & Debris	120 LF	X			
2nd Floor Room 213 Offices & Corridor		X		TSI/Fittings & Debris	2,500 SF	X			
3rd Floor N. Annex Men's & Women's Restrooms		X		TSI/Fittings	50 LF	X			
3rd Floor Admin Bldg Corridor		X		TSI/Fittings	15 LF	X			
3rd Floor Admin Bldg Elevator Lobby		X		TSI/Fittings	15 LF	X			
4th Floor Admin Bldg Elevator Lobby		X		TSI/Fittings	15 LF	X			
South Annex - Mezzanine Floor		X		TSI/Fittings	270 LF	X			

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JAN 17 2019