

CK 00 642043

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

RECEIVED
JAN 18 2019

Date of Notification (1) 01/04/2019		Name of Building Owner/Operator (2) DOW Chemical Company	
Agencies Notified	Type Notification	Street Address 65 Baekeland Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Initial <input checked="" type="checkbox"/> Amended Amendment # <u>02</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Postponed	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Ken Borroni	Telephone Number 267-249-0071

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOW Chemical Bound Brook - Bldg 202		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 65 Baekeland Avenue		Square Feet 7800	# of Floors 1
City (5) Middlesex		Bldg. Age 35+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical Plant	

Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health	ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company	
Street Address 140 S Village Ave, Suite 130		Street Address 2217 Spillman Drive	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm	Telephone No. 610-524-5525	Telephone No. 610-691-1800	License No. 00721

Start Date (10) 1/21/19	Scheduled Completion Date (11) 2/15/19	Name of OSHA Monitor Brandenburg
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>DEMO - 2/18/19-2/28/19</u>		Street Address 2217 Spillman Drive
		City, State, Zip Code Bethlehem PA 18015

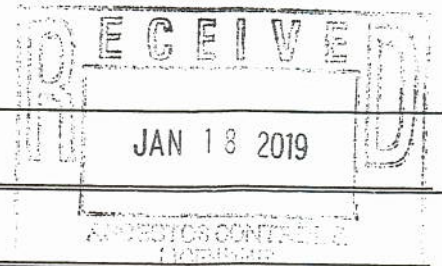
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input type="checkbox"/> 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
B 202			X	Pipe Insulation	380 SF	X			
B 202			X	Floor Tile/Mastic	200 SF	X			
B 202			X	Roof/Flashing	7800 SF	X			
B 202			X	Transite	430 SF	X			
B 202			X	Bench Tops	150 SF	X			
B 202			X	Window Caulk	80 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co	NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 160	Name of Registered Landfill GROWS North
City, State Bethlehem, PA		Disposal Date 1/25/19-2/22/19	City, State Morrisville, PA
Completed by Stephen Carne	Title Environmental Manager	Signature 	Date 01/04/2019

State of NJ

D&S Proj. #: 19-10

PAIDNotification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/11/11/19		Name of Building Owner/Operator (2) maria shammas	
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 RIDGEWOOD, NJ 07450	
Name of Contact maria shammas		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) maria shammas			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 01/22/19		Sched. Completion Date (11) 01/31/19	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	30 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/23/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date

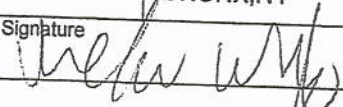
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1045

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JAN 18 2019

Date of Notification (1) 01/14/2019		Name of Building Owner/Operator (2) Rockcliffe Apartments Owners INC							
Agencies Notified	Type Notification	Street Address 10 Crestmont Rd							
<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 Montclair, NJ, 07042							
		Name of Contact Visar Ijuliduraj	Telephone Number 914-439-3106						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial building		Type of Facility (4)							
Street Address 10 Crestmont Rd		<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) Montclair		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL BUILDING							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 01/27/2019	Scheduled Completion Date (11) 01/30/2019	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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/ STORAGE RM #4		X		Pipe Insulation	25 LF	X			
BASEMENT/ ROCK RM		X		Pipe insulation	10 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State Paterson, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 01/14/2019			

CK 1199

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

Check # 1199

Date of Notification (1) 1/16/19		Name of Building Owner/Operator (2) KENNEY SOUTHLAND HEAT TREATING + BRAZING CORP							
Agencies Notified <input 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 10 QUINCY PLACE		City, State, Zip Code KEARNY N.J. 07032							
Name of Contact PAT DUNPHY		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) KENNEY SOUTHLAND		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 10 QUINCY PLACE		Square Feet 12000							
City (5) KEARNY		# of Floors 2							
County (6) HUDSON		Bldg. Age 64							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE / WAREHOUSE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 1/25/19		License No. 00156							
Scheduled Completion Date (11) 2/25/19		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
BACK ROOM			X	TRANSITE	700 SF	X			
OFFICE			X	VAT	800 SF	X			
WAREHOUSE			X	10 OVEN'S, INTACT		X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 60	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, N.J. 07105		Disposal Date 1/25/19		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/16/19			

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State of New Jersey

Check # 16507

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

Date of Notification (1)

1/11/2019

Name of Building Owner/Operator (2)

Dorothy Huey

Street Address

City, State, Zip Code

Nutley, NJ, 07110

Name of Contact

Dorothy Huey

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☐ EMERGENCY☐ Cancellation

RECEIVED

JAN 18 2019

ASBESTOS CONTROL
DIVISION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Dorothy Huey

Street Address

City

Nutley

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

01 21 19

Month Day Year

Sched. Completion Date (11)

01 23 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe insulation	65 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

01/24/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

1/11/2019

B & G proj. #: 2019-13

PAID

State of NJ

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

Emergency

Check # 9104

Date of Notification (1) 01/10/19		Name of Building Owner/Operator (2) Eric Greenberg		RECEIVED JAN 18 2019 ASBESTOS CONTROL Telephone Number
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code South Orange, NJ 07079		
		Name of Contact Eric Greenberg		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Eric Greenberg			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) South Orange	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 01/14/2019		Sched. Completion Date (11) 01/17/2019	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Boiler Room			<input checked="" type="checkbox"/>	VAT	1/2 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement closet			<input checked="" type="checkbox"/>	VAT	1/2 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement			<input checked="" type="checkbox"/>	wet wiping/Hepa vacuuming surface	600 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/17/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/10/2019

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)

B & G proj. #: 2019-13

Emergency

Check # 9104

Date of Notification (1) 01/10/2019		Name of Building Owner/Operator (2) Eric Greenberg	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code South Orange, NJ 07079	
Name of Contact Eric Greenberg		Telephone Number	

FACILITY INFORMATION

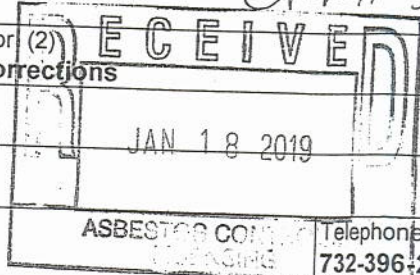
Name of facility where abatement is taking place (3) Eric Greenberg			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) South Orange	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6859		License Number 00378
Scheduled Start Date (10) 01/14/2019		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/evacuated 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) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >1 sf or >2 lf <input type="checkbox"/> ≥160 sf or ≥250 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e
	Yes	No	N/A		R e p a i r
Boiler Room			X	VAT	1/2 soft
Basement closet			X	VAT	1/2 soft
Basement			X	wet wiping/Hepa vacuuming surface	600 soft
					E n c l o s e
					E n c l o s e
Registered Waste Hauler B & G Restoration, Inc.		NJ DEP Hauler ID# 19583	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Lincoln Park, NJ		Dispose Date 01/17/2019		City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature Gordana Luna		Date 01/10/2019

PAID

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

Rev #1
chk #3498

Date of Notification (1) 1/9/19		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
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 checked="" type="checkbox"/> Amended-#1-1/11/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address Whittlesey Road PO Box 863		City, State & Zip Code Trenton, NJ 08625	
Name of Contact Rob Van Tassel		ASBESTOS CONSULTING 732-396-2713	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional for Woman			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 30 County Route 513			Square Feet 9000		
City (5) Clinton			# of Floors 2		
County (6) Hunterdon			Bldg. Age 40+		
County Code (7)			Current Use (Prior if being demolished) Correctional		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 N. Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Steven Mania			Telephone Number 609-392-4200		
Telephone Number 609-392-4200			License Number 00509		
Scheduled Start Date (10) 2/1/19			Scheduled Completion Date (11) 2/4/19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 8:00AM to 4:00PM			Name of OSHA Monitor Bristol Environmental Inc.		
Street Address 1123 Beaver Street			Street Address 1123 Beaver Street		
City, State & Zip Code Bristol, PA 19007			City, State & Zip Code Bristol, PA 19007		

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 ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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
Ackerman Bldg Ground Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 1/22/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / JPK</i>		Date 1/11/19

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

CHL #3494

Date of Notification (1) 1/9/19		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
Agencies Notified	Type Notification	Street Address Whittlesey Road PO Box 863	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 18 2019 </div>
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08625	
		Name of Contact Rob Van Tassel	
		ASBESTOS CONSULTING	Telephone Number 732-396-2713

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional for Woman			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 30 County Route 513			Square Feet 9000	# of Floors 2	Bldg. Age 40+
City (5) Clinton	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) Correctional		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 N. Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Steven Mania		Telephone Number 609-392-4200	Telephone Number (215) 788-6040		License Number 00509
Scheduled Start Date (10) 1/21/19	Scheduled Completion Date (11) 1/22/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 8:00AM to 4:00PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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
Ackerman Bldg Ground Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill Minerva Landfill	
City, State Yardley, PA		Disposal Date 1/22/19	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gk</i>		Date 1/9/19

GI 18246

TOM VOORHEES, NJ

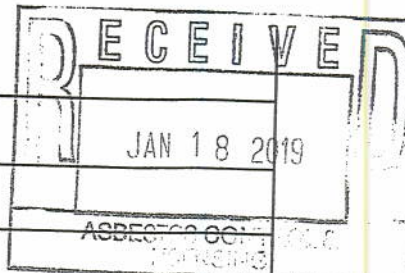
PAID State
NOTIFICATION OF

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

Chk#3496

Date of Notification (1) 1/10/19		Name of Building Owner / Operator (2) Trenton Board of Education							
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 1490 Prospect Street		City, State & Zip Code Trenton, NJ 08638							
Name of Contact Mr. Dwayne Mosley		Telephone Number 609-656-4900							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maintenance Building			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 1490 Prospect Street			Square Feet 3000	# of Floors 1	Bldg. Age 60+				
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Maintenance Building						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215) 788-6040	License Number 00509					
Scheduled Start Date (10) 1/11/19	Scheduled Completion Date (11) 1/11/19		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM – 3:30PM			Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007						
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 ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glove Bag Procedures					
				<input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Facilities Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 1/11/19	City, State Fairless Hills, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / JK</i>		Date 1/10/19				

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



Date of Notification (1)

1 / 11 / 19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact

ERIC MATTSON

Telephone Number

732-450-2689

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Street Address

1 RIVERVIEW PLAZA

Square Feet
250,000

of Floors
6

Bldg. Age
65

City (5)

RED BANK

County (6)

MONMOUTH

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

ASCM No.
17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2236

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 11 / 19
Month Day Year

Sched. Completion Date (11)

1 / 11 / 19
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

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: FRIDAY 8PM-4AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

☐ Criticals with Negative Pressure
☐ Mini-Enclo.
☐ Glovebag Procedure
☐ Non-Friable Procedure
☒ WRAP & CUT

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR-EAST CORRIDOR			X	PIPE INSULATION	15 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
2

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NJ 07105

Disposal Date
1/11/2019

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

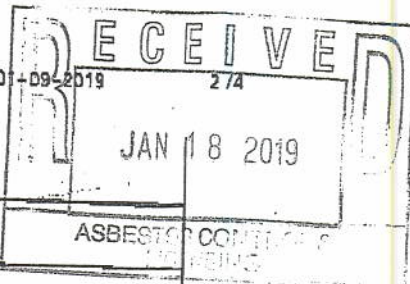
1/11/19

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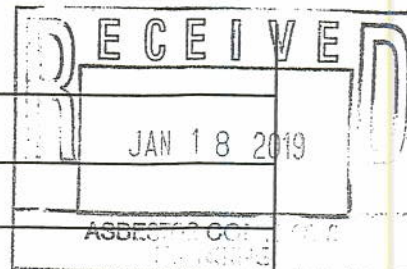
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 1 / 8 / 18		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 RIVERVIEW PLAZA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Name of Contact ERIC MATYSON		Telephone Number 732-450-2889	
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			
Street Address 1 RIVERVIEW PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (ie, private & commcl. bldgs., homes, etc.)	
City (5) RED BANK		County (6) MONMOUTH	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab.	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm THOMAS GEIGER		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected Start Date (10) 1 / 11 / 18		Telephone Number 848-369-7500	
Sched. Completion Date (11) 1 / 11 / 18		License Number 1101	
Name of OSHA Monitor QUALITY ENVIRONMENTAL		Street Address 1376 ROUTE 9	
Occupancy Status During Abatement (Check only one): <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: FRIDAY 7AM-3:30 PM		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >150 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Min-Encls. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Frangible Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) 2ND FLOOR-EAST CORRIDOR		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A X	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 15 LF	
Abatement Type REMOVAL REPAIR ENCAPSUL ENCLISUR X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	
City, State NEWARK, NJ 07103		Cubic Yards of Waste 2	
Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		Disposal Date 1/11/2019	
Completed by (Print or Type) BENJAMIN SANCHEZ		Signature [Signature]	
Title DIRECTOR OF OPERATIONS		Date 1/9/19	

CH33298


PAID

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



Date of Notification (1) 1 / 11 / 19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 RIVERVIEW PLAZA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Name of Contact ERIC MATTSON		Telephone Number 732-450-2689	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK	County (6) MONMOUTH	Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19	
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105				Disposal Date 1/11/2019	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 1/11/19			

CH24185

PAID

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

Print Form

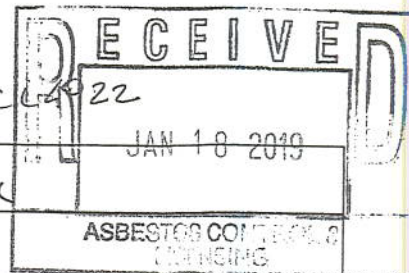
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JAN 18 2019

ASBESTOS CONTAINING MATERIAL

Date of Notification (1) 1/9/2019		Name of Building Owner/Operator (2) NJSDA							
Agencies Notified	Type Notification	Street Address 32 EAST FRONT ST., P.O. BOX 991							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact CLAIR TSAI-OCHS/ROBERT RYAN	Telephone Number 609-858-5186						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET SCHOOL		Type of Facility (4)							
Street Address 355 CLEVELAND STREET		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ORANGE		Square Feet	# of Floors						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 4/30/2019	License No. 00494							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
GROUND FLOOR ROOM 19		X		PIPE INSULATION (Wrap & Cut)	20 LF				
GROUND FLOOR ROOM 20		X		PIPE INSULATION (Wrap & Cut)	40 LF				
GROUND FL CORRIDORS A & B		X		PIPE INSULATION (Wrap & Cut)	150 LF				
GROUND FL A-02, A-03, A-04		X		PIPE INSULATION (Wrap & Cut)	45 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/30/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/9/2019					

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



CH 4922

Date of Notification (1) 1/11/19		Name of Building Owner/Operator (2) MS. SALLY CLARK	
Agencies Notified <input type="checkbox"/> EPA <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 type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code GLEN ROCK, NJ 07452	
		Name of Contact MS. CLARK	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MS. SALLY CLARK		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) GLEN ROCK		Square Feet 2000	# of Floors 2
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)		ASCM No.	Name of Abatement Contractor (9) Best Removal, Inc.	
Street Address		Street Address 450 South River Street		
City, State, Zip Code		City, State, Zip Code Hackensack, New Jersey 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388

Start Date (10) 1/21/19	Scheduled Completion Date (11) 1/22/19	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"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEMS INSULATION	140 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Best Removal, Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 1/22/19	City, State Waynesburg, OH 44688		
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>	Date 1/11/19	

CH 24183

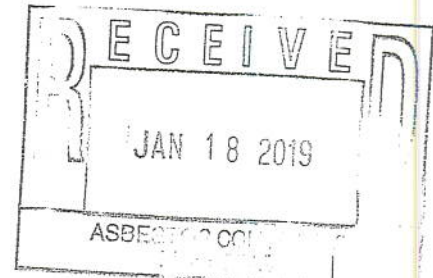
PAID

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

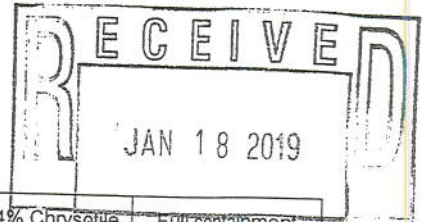
RECEIVED	Print Form
JAN 18 2019	
ASBESTOS CO.	

Date of Notification (1) 1/9/2019		Name of Building Owner/Operator (2) NJSDA							
Agencies Notified	Type Notification	Street Address 32 EAST FRONT ST., P.O. BOX 991							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact CLAIR TSAI-OCHS/ROBERT RYAN	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET SCHOOL		Type of Facility (4)							
Street Address 355 CLEVELAND STREET		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ORANGE		Square Feet	# of Floors						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 4/30/2019	License No. 00494							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/30/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/9/2019					

➤ CLEVELAND STREET ELEMENTARY SCHOOL

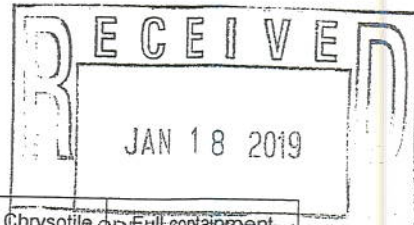


PHASE-1				
G-1 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Corridor B	Wall plaster top coat / base coat	800 SQ FT	4% Chrysotile	Full containment
A07- fan room	Wall plaster top coat / base coat	200 SQ FT	4% Chrysotile	Full containment
A07- fan room	Pipe insulation	100 LF	10-20% Chrysotile	Full containment
Room 21	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 21	Built-up flooring – Multi-layer	700 SQ FT	10% Chrysotile	Full containment
West stair tower 'A' ground floor through attic	Wall & ceiling plaster top coat and base coat	3,200 SQ FT	4% Chrysotile	Full containment
West stair tower 'A' 1 st & 2 nd floor landings	Built-up flooring – Multi-layer	120 SQ FT	10% Chrysotile	Full containment
Room 18 and storage	Pipe insulation	30 LF	10-20% Chrysotile	Full containment
Room 18 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
Room 19 and storage	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 19 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
G-2 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Sub-stair tower 'B' Ground floor through 2 nd floor	Wall plaster top coat / base coat	1,620 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Ceiling systems, plaster / top coat and base coat	155 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Pipe insulation	10 LF	10-20% Chrysotile	Full containment
A08 – equipment room	Wall plaster top coat / base coat	70 SQ FT	4% Chrysotile	Full containment
Corridor B & A-09 pantry	Wall plaster top coat / base coat	560 SQ FT	4% Chrysotile	Full containment
PHASE-2				
F.1 work area - 1 st Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
ESL	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
ESL	Wall plaster top coat and base coat	52 SQ FT	4% Chrysotile	Full containment
ESL	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
ESL & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 6	Fin tube radiators, wall plaster top coat/base coat	150 SQ FT	4% Chrysotile	Full containment
Room 6	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Ceiling systems, plaster / top coat and base coat	735 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Spot removal - wall plaster / top coat and base coat	11 SQ FT	4% Chrysotile	Full containment
Room 7	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 7	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Ceiling systems, plaster / top coat and base coat	904 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Room 8	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 8	Wall plaster top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 8, closets & storage	Ceiling systems, plaster / top coat and base coat	930 SQ FT	4% Chrysotile	Full containment
Room 8, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment



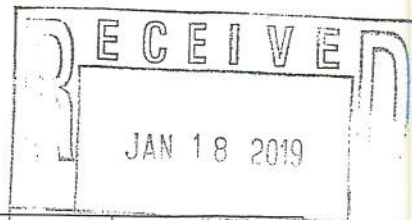
Room 5	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 5	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 5	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment

PHASE-2				
F.1 work area - 1 st Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 5 & closet	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 5, closets & storage	Ceiling systems, plaster / top coat and base coat	944 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 5 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 5 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Wall plaster top coat and base coat	500 SQ FT	4% Chrysotile	Full containment
Room 4	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 4, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 4	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 4 & hall wall	Wall plaster top coat and base coat	280 SQ FT	4% Chrysotile	Full containment
Room 4 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 4 storage	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 4 storage & hall wall	Wall plaster top coat and base coat	564 SQ FT	4% Chrysotile	Full containment
Principal's office storage	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Principal's office storage	Spot removal built up flooring section to substrate	2 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Wall plaster top coat and base coat	1,150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Ceiling systems, plaster / top coat and base coat	903 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Tiles and associated built up flooring to substrate	928 SQ FT	2.7-10% Chrysotile	Full containment
Main office/Prin office/ storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Ceiling systems, plaster / top coat and base coat	1,965 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Spot removal - wall plaster / top coat and base coat	60 SQ FT	4% Chrysotile	Full containment
Vestibule	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Vestibule	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 3	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 3	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 3, closet & storage	Ceiling systems, plaster / top coat and base coat	953 SQ FT	4% Chrysotile	Full containment
Room 3 & storage	Spot removal - wall plaster / top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 1	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment

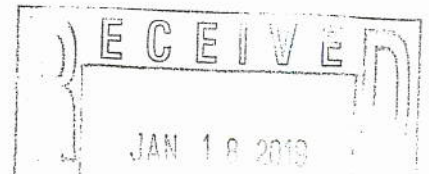


Room 1	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Room 1, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 1 & closet	Wall plaster top coat / base coat	380 SQ FT	4% Chrysotile	Full containment
Room 1 storage	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Wall plaster top coat / base coat	280 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7-10% chrysotile	Full containment
Room 1 storage	Spot removal - wall plaster / top coat and base coat	10 SQ FT	4% Chrysotile	Full containment
Room 2	Fin tube radiators, wall plaster top coat / base coat	220 SQ FT	4% Chrysotile	Full containment
Room 2	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 2, closet & storage	Ceiling systems, plaster / top coat and base coat	949 SQ FT	4% Chrysotile	Full containment
Room 2 & storage	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Kinder bathroom	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & Corridor B adjacent	Window well wall plaster top coat / base coat	18 SQ FT	4% Chrysotile	Full containment
Kinder bathroom, Cor B & stair entrance	Wall plaster top coat / base coat	600 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & stair B entrance	2-door frame & wall scratch coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom	Built up flooring to joist	33 SQ FT	2.7% Chrysotile	Full containment
Nurse restroom & office	Wall plaster top coat / base coat	450 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	Ceiling systems, plaster / top coat and base coat	245 SQ FT	4% Chrysotile	Full containment
Nurse office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment

PHASE-3				
S-1 work area - 2 nd Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Storage/CST office	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
Storage/CST office	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Storage/CST office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 13	Metal spline & tin ceiling systems	735 SQ FT	4% Chrysotile	Full containment
Room 13	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 13	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 13 & closet	Spot removal - wall plaster / top coat and base coat	12 SQ FT	4% Chrysotile	Full containment
Room 17	Metal spline & tin ceiling systems	749 SQ FT	4% Chrysotile	Full containment
Room 17	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 17	4-door frame & wall plaster top coat and base coat	64 SQ FT	4% Chrysotile	Full containment
Room 17	Wall plaster top coat and base coat	700 SQ FT	4% Chrysotile	Full containment
Room 17	Tiles and associated built up flooring to substrate	800 SQ FT	3-10% Chrysotile	Full containment
Room 17	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Rooms 16 & 17 storage areas	Metal spline & tin ceiling systems	232 SQ FT	4% Chrysotile	Full containment
Rooms 16 & 17 storage areas	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment



Rooms 16 & 17 storage areas & hall wall	Wall plaster top coat and base coat	1,200 SQ FT	4% Chrysotile	Full containment
Room 16 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Room 16	Metal spline & tin ceiling systems	775 SQ FT	4% Chrysotile	Full containment
Room 16	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 16	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 16	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 15	Metal spline & tin ceiling systems	779 SQ FT	4% Chrysotile	Full containment
Room 15	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 15	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 15	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Built up flooring to joist	140 SQ FT	2.7-10% Chrysotile	Full containment
Room 15 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 15 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 15 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 14	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 14	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 14	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 14 & hall wall	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 14	Wall plaster top coat and base coat	580 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 14 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 12	Metal spline & tin ceiling systems	780 SQ FT	4% Chrysotile	Full containment
Room 12	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 12	Spot removal - wall plaster / top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 12 storage & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Ceiling systems, plaster / top coat and base coat	128 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Wall plaster top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal built up flooring section to substrate	3 SQ FT	2-7% Chrysotile	Full containment
Speech	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Speech	Spot removal - wall plaster / top coat and base coat	8 SQ FT	4% Chrysotile	Full containment
Room 11	Metal spline & tin ceiling systems	800 SQ FT	4% Chrysotile	Full containment



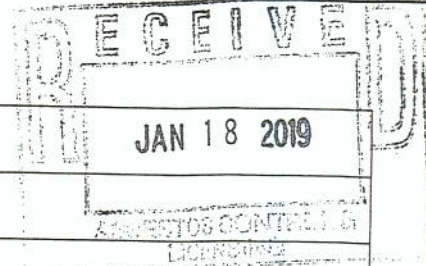
Room 11	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 11 storage	Ceiling systems, plaster / top coat and base coat	153 SQ FT	4% Chrysotile	Full containment
Room 11 & storage	Spot removal - wall plaster / top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 10	Metal spline & tin ceiling systems	784 SQ FT	4% Chrysotile	Full containment
Room 10	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 10 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 10 & storage	Spot removal - wall plaster / top coat and base coat	9 SQ FT	4% Chrysotile	Full containment
East stair tower "C"	Ceiling systems, plaster / top coat and base coat	254 SQ FT	4% Chrysotile	Full containment
Room 9	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 9	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
S-2 work area - 2nd Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 9, storage & closet	Spot removal - wall plaster / top coat and base coat	26 SQ FT	4% Chrysotile	Full containment
Room 9 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Janitors closet	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Janitors closet	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Janitors closet, hallway & stair entrance	Wall plaster top coat / base coat	960 SQ FT	4% Chrysotile	Full containment
Janitors closet & Stair tower B	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Ceiling systems, plaster / top coat and base coat	210 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Wall plaster top coat / base coat	540 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Tiles and associated built up flooring to substrate	450 SQ FT	2.7-10% Chrysotile	Full containment
Teachers' lounge	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Corridor A	Metal spline & tin ceiling systems	459 SQ FT	4% Chrysotile	Full containment
Corridor B	Ceiling systems, plaster / top coat and base coat	1,274 SQ FT	4% Chrysotile	Full containment
Corridor's A & B	Spot removal - wall plaster / top coat and base coat	50 SQ FT	4% Chrysotile	Full containment

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

PAID
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JAN 9 2019

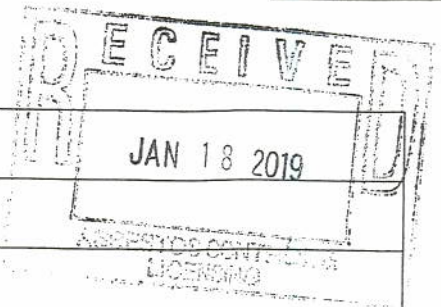
Date of Notification (1) 1 / 14 / 19		Name of Building Owner/Operator (2) PSE&G / Job # 1812-5426 Check # 10928							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact John Cifelli Telephone Number 732-547-6230							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Paterson Garage		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 14 Broadway		Square Feet							
City (5) Paterson, NJ		# of Floors							
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCN No.							
Street Address PO Box 365		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-704-8850		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 1 / 28 / 19		Scheduled Completion Date (11) 2 / 8 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Caulk	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Window Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar & Paper Roof Layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor barrier under roof layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40	Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ		Disposal Date 2/8/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 1/14/19		

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



Date of Notification (1) 01/16/2019		Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 974 Centre Road P.O. Box 2915		City, State, Zip Code Wilmington, DE 19805							
Name of Contact Bryan Mumink		Telephone Number 856-276-9224							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Chambers Works - Building 669		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 Canal Road		Square Feet 7500							
City (5) Deepwater		# of Floors 2							
County (6) Salem		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No.							
Street Address 760 Pulaski Highway		Name of Abatement Contractor (9) Brandenburg Industrial Service Company							
City, State, Zip Code Bear, DE 19701		Street Address 2217 Spillman Drive							
Project Manager for Monitoring Firm JT Morrison		City, State, Zip Code Bethlehem, PA 18015							
Telephone No. 302-326-2333		Telephone No. 610-691-1800							
Start Date (10) 01/30/2019		License No. 00721							
Scheduled Completion Date (11) 02/21/2019		Name of OSHA Monitor Brandenburg							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO- 02/25/2019-03/7/2019		Street Address 2217 Spillman Drive							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Bethlehem PA 18015							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Floor Tile/Mastic	1950 SF	X			
Exterior			X	Galbestos	4000 SF	X			
Throughout			X	Fire Doors	11 EA	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838		Cubic Yards of Waste 30	Name of Registered Landfill Salem County Improvement Authority				
City, State Bethlehem, PA		Disposal Date 02/25/19		City, State Alloway NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 01/16/19			

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



Date of Notification (1) 01/16/2019		Name of Building Owner/Operator (2) DOW Chemical Company	
Agencies Notified	Type Notification	Street Address 65 Baekeland Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>02</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Ken Borroni	Telephone Number 267-249-0071

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOW Chemical Bound Brook - Bldg 203		Type of Facility (4)	
Street Address 65 Baekeland 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) Middlesex	Square Feet 18000	# of Floors 2	Bldg. Age 35+
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical Plant	
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company
Street Address 140 S Village Ave, Suite 130		Street Address 2217 Spillman Drive	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm		Telephone No. 610-524-5525	Telephone No. 610-691-1800
Start Date (10) 1/21/2019		Scheduled Completion Date (11) 2/22/2019	License No. 00721
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Brandenburg	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 2/25/19-3/8/19		Street Address 2217 Spillman Drive	
		City, State, Zip Code Bethlehem PA 18015	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag
		<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
B 203			X	Pipe Insulation	1225 LF	X			
B 203			X	Floor Tile/Mastic	3330 SF	X			
B 203			X	Roof/Flashing	18000 SF	X			
B 203			X	Transite	85 SF	X			
B 203			X	Caulk	950 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 200	Name of Registered Landfill GROWS North
City, State Bethlehem, PA		Disposal Date 2/4/19-2/28/19	City, State Morrisville, PA	
Completed by Stephen Carne		Title Environmental Manager	Signature 	Date 01/16/2019

PAID

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

CK 33296

Date of Notification (1)

1 / 11 / 19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION
Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

JAN 18 2019

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet

98,230

of Floors

7

Bldg. Age

71

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Full Containment with Negative Pressure

☒ WET WIPE HEPA VACUUM

Mini-Enclos.

Glovebag Procedure

Non-Friable Procedure

Scope of Work (Check all that apply)

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

Is Location normally used solely by Maint/Custodial Staff (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

CONTROL REPAIR DUST

ENCAPSUL

ENCLOSUR

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	CONTROL	REPAIR	DUST	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X				
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF	X				
ADDITION TO SCOPE			10 SF	X				
4TH FLOOR ROOM 405	X	FIRE PROOFING DUST	10 SF	X				
4TH FLOOR ROOM 426	X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 627	X	FIRE PROOFING DUST	10 SF	X				
7TH FLOOR ROOM, 724	X	FIRE PROOFING DUST	10 SF	X				
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill					
FREEHOLD CARTAGE, INC.			LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES					
825 HIGHWAY 33			447 ALEXANDER DRIVE/ROUTE 15					
City, State			City, State					
FREEHOLD, NEW JERSEY			MONTGOMERY, PA 17752					
Completed by (Print or Type)	Title	Signature	Date					
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		1/11/19					

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

Date of Notification (1)
1 / 9 /19

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

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

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-7746

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

Type Notification
☐ Initial Notification
☒ Amended Notification #6
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

JAN 18 2019

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 33

Square Feet
98,230

of Floors
7

Bldg. Age
71

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)
11 / 1 /18

Sched. Completion Date (11)
6 / 30 /19

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: SATURDAY 7AM-5PM

Street Address
117 EAST 30TH STREET

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

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

☒ Renovation

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

☒ WET WIPE HEPA VACUUM

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X						
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
50

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

Disposal Date
11/01-6/30/19

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature
[Signature]

Date
1/9/19

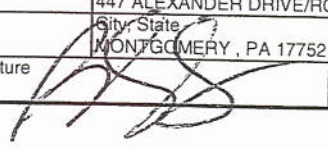
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED
JAN 18 2019

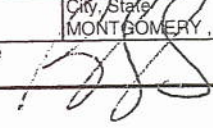
Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33				Square Feet 98,230	# of Floors 7
City (5) RAHWAY				Bldg. Age 71	
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 1 / 18		Sched. Completion Date (11) 6 / 30 / 19		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: SATURDAY & SUNDAY 7AM-3PM				Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation				City, State, Zip Code NEW YORK, NEW YORK 10016	
				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
				<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			CONTROL	DUST	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X				
ADDITION TO SCOPE:			X							
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X				

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/21/18

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

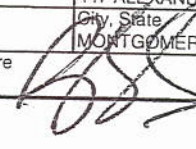
Date of Notification (1) 11 / 8 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
			Name of Contact PATRICIA JOHNSON	
			Telephone Number 732-594-7746	
			FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7	Bldg. Age 71
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm		Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> WET WIPE HEPA VACUUM				
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
				Abatement Type CONTROL REPAIR DUST ENCLOSURE
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST	10 SF X
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST	10 SF X
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST	10 SF X
ADDITION TO SCOPE:		X		
2ND FLOOR ROOM 227			FIRE PROOFING DUST	10 SF X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/01-6/30/19	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/8/18

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

RECEIVED
JAN 18 2019

Date of Notification (1) 11 / 2 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 98,230
			# of Floors 7
			Bldg. Age 71
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Current Use (Prior if being demolished) COMMERCIAL	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 11 / 1 /18		Telephone Number 973-729-5649	
Sched. Completion Date (11) 6 / 30 /19		License Number 460	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		Street Address 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Renovation		City, State, Zip Code NEW YORK, NEW YORK 10016	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X		10 SF	X			
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

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

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

RECEIVED
JAN 18 2019

Date of Notification (1) 11 / 2 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 98,230
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	# of Floors 7
Street Address 655 WEST SHORE TRAIL		Bldg. Age 71	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Current Use (Prior if being demolished) COMMERCIAL	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Expected State Date (10) 11 / 1 /18		Street Address 313 SPOOK ROCK ROAD	
Sched. Completion Date (11) 6 / 30 /19		City, State, Zip Code SUFFERN, NEW YORK 10901	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM SATURDAY 7AM-5 PM		Telephone Number 845-369-7500	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		License Number 460	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Street Address 117 EAST 30TH STREET	
Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		City, State, Zip Code NEW YORK, NEW YORK 10016	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Abatement Type <input checked="" type="checkbox"/> DUST CONTROL <input type="checkbox"/> REPAIR <input type="checkbox"/> ENCAPSUL <input type="checkbox"/> ENCLOSUR	
3RD FLOOR ROOM 305		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 303		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 304		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 319		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 320		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 321		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 323		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 325		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 326		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM 327		FIRE PROOFING DUST 10 SF	
3RD FLOOR ROOM, 332		FIRE PROOFING DUST 10 SF	
6TH FLOOR ROOM 614		FIRE PROOFING DUST 10 SF	
ADDITION TO SCOPE:		FIRE PROOFING DUST 10 SF	
2ND FLOOR ROOM 227		FIRE PROOFING DUST 10 SF	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	
City, State FREEHOLD, NEW JERSEY		Cubic Yards of Waste 50	
Completed by (Print or Type) BENJAMIN SANCHEZ		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15	
Title DIRECTOR OF OPERATIONS		Disposal Date 11/01-6/30/19	
Signature 		City, State MONTGOMERY, PA 17752	
		Date 11/2/18	

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

RECEIVED
JAN 18 2019

Date of Notification (1) 10 / 31 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33			Square Feet 98,230	# of Floors 7	Bldg. Age 71
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19		
		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM
		<input type="checkbox"/> Mini-Enclos.	<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:	X						
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 11/01-6/30/19	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/31/18

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

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

JAN 18 2019

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY	County (6) UNION	Bldg. Age 71	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	

Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 11 / 1 /18	Sched. Completion Date (11) 6 / 30 /19	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM		Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016	
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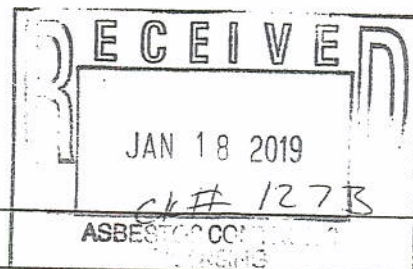
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
---	--	--	--	--	--

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			DUST CONTROL	REPAIR	ENCAPSULE	ENCLOSURE	
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROO, 332			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X				

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/27/18	

CH1273

PAID

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

Date of Notification (1) 1/10/19		Name of Building Owner/Operator (2) Montclair Township Board of Education		ASBESTOS CONTROL BOARD	
Agencies Notified	Type Notification	Street Address 22 Valley Rd			
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Emidio D'Andrea		Telephone Number 973-509-4000	
<input checked="" type="checkbox"/> DOL	Amendment # _____				
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)				
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation				

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Watchung Elementary School			Type of Facility (4)		
Street Address 14 Garden Street			<input type="checkbox"/> School (K-12)		
City (5) Montclair, NJ 07042			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Square Feet 40,000 SF	# of Floors 2	Bldg. Age 55+	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.	Current Use (Prior if being demolished) Elementary School		
Street Address 300 Grand Ave		Name of Abatement Contractor (9) Unicorn Contracting Corp.			
City, State, Zip Code Englewood, NJ 07631		Street Address 32 Willow Way			
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. (201) 569-6708	City, State, Zip Code Woodland Park, NJ 07424		Telephone No. 973-333-9176
Start Date (10) 4/19/19		Scheduled Completion Date (11) 4/28/19	License No. 01331		Name of OSHA Monitor Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check Only One)			Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Fair Lawn, NJ 07410		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe: _____					

Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure				
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure				
		<input 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
Gymnasium		X		Radiator Covers	240 SF	X			
Annex Area - Crawl Space	X			Pipe Insulation	300 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NIDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5+	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 1/10/19

PAID

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

Date of Notification (1) 1/9/2019		Name of Building Owner/Operator (2) Karen Janifer		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px; text-align: center;">JAN 18 2019</div> <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 100px; text-align: center; font-size: 0.8em;">ASBESTOS CONSULTING</div>
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ, 07042		
		Name of Contact Karen Janifer	Telephone Number	

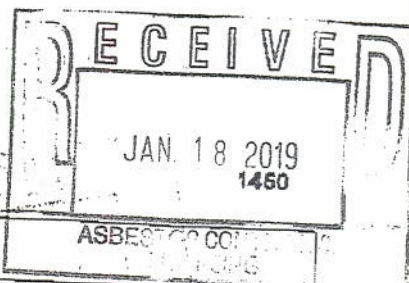
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Karen Janifer			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City Montclair	County 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) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 01 18 19 Month Day Year		Sched. Completion Date (11) 01 21 19 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript></u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript></u>			Street Address		
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement - North room			X	Pipe Insulation	75 LF	X			
Basement - West room			X	Pipe Insulation	120 LF	X			
Basement - Center room			X	Pipe Insulation	165 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 01/22/19		City, State Bronx, NY, 10474	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 1/9/2019
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PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CH1450

Date of Notification (1)
January 10, 2019

Name of Building Owner/Operator (2)
Ethicon, Inc.

ASBESTOS CONTROL

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

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

Street Address
PO Box 151

City, State, Zip Code
Somerville, NJ 08876

Name of Contact
Project Manager

Telephone Number
73-641-1736

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

Street Address
Route 22 W

City (5)
Somerville

County (6)
Somerset

County Code (7)
(STATE USE ONLY)

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

Square Feet
of Floors
3

Blg. Age

Current Use (Prior if being demolished)
Facility

Name of Monitoring Firm Hired by Building Owner (8)
A.E.S.L.

Street Address
2200 Paterson Plank rd # 7

City, State, Zip Code
North Bergen, NJ 07047

Project Manager for Monitoring Firm
Carmelo Altomonte

Telephone No.
201-864-8583

Start Date (10)
1/10/19

Scheduled Completion Date (11)
1/10/20

Name of Abatement Contractor (9)
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

Telephone No.
(973) 759 - 5000

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC.

Street Address
1500 Kings HWY N, STE 209

City, State, Zip Code
Cherry Hill, NJ 08034

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

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 ft
☐ ≥160 sf or ≥260 ft
☐ 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
ATC Bld. A-1U8		X		Pipe & pipe fitting insulation	TBD	X			

Name of Registered Waste Hauler
Newark Carting

City, State
Newark, NJ

Completed by
Michael Cooper

Title
President

NJ DEP Waste Hauler ID No.
22253

Cubic Yards of Waste
TBD

Disposal Date
1/10/20

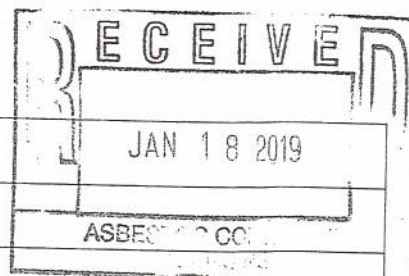
Name of Registered Landfill
BFI Imperial Landfill

City, State
Imperial, PA 15126

Signature
[Signature]

Date
1/10/19

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



Date of Notification (1) January 08, 2019		Name of Building Owner/Operator (2) G-1 Holdings				
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address 1 Campus Drive		City, State, Zip Code Parsippany, NJ 07054				
Name of Contact Project Manager		Telephone Number (973) 234-7026				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) 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 710 Water Street		Square Feet				
City (5) Gloucester City, NJ		# of Floors				
County (6) Camden		Bldg. Age				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse				
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs		Name of Abatement Contractor (9) The MACK Group, LLC				
Street Address 3370 Progress Drive, Suite J		Street Address 1500 Kings HWY N, STE 209				
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Cherry Hill, NJ 08034				
Project Manager for Monitoring Firm Project Manager		Telephone No. (973) 759 - 5000				
Start Date (10) 12/13/18		License No. 00781				
Scheduled Completion Date (11) 3/13/19		Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209				
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		City, State, Zip Code Cherry Hill, NJ 08034				
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		
				Removal	Repair	Encapsulate
Roofing & Siding	Yes	transite	TBD	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc		NJ DEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Donora, PA		Disposal Date 3/13/19		City, State Waynesburg, OH		
Completed by Mike Cooper		Title President	Signature 	Date 1/8/19		

RECEIVED
JAN 18 2019
1485
ASB...

ASE-41 (R-DB-D8)

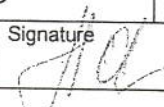
* Do not use this form for asbestos licensure exempted activities.

CH1974

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

Print Form

RECEIVED JAN 18 2019 ASBESTOS CONTROL & LICENSING
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Date of Notification (1) 01/08/2019		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle point On Hudson							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact David Fernandez	Telephone Number 551-655-9149						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Davidson Lab Building		Type of Facility (4)							
Street Address 707 Hudson Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet N/A	# of Floors N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 1253 North Church Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683	Telephone No. 973-345-8685						
Start Date (10) 01/11/2019		Scheduled Completion Date (11) 01/13/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
South Entrance Hallway		X		VAT & Mastic	300 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/08/2019			

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

Att: Tom
609-633-0664 Fax
NJ Dept of Asbestos

#200,00

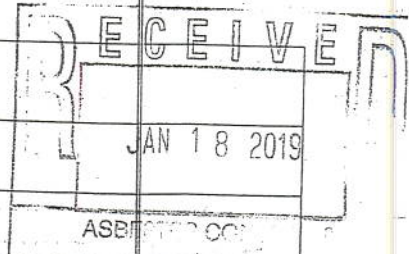
check 2150

RECEIVED
JAN 18 2019
ASBESTOS CONTROL
732-376-6200

Date of Notification (1) 01 / 04 / 19		Name of Building Owner/Operator (2) PERTH AMBOY BOARD OF EDUCATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 178 BARRACKS STREET	
		City, State, Zip Code PERTH AMBOY, NJ 08861	
		Name of Contact Derek J. Jess	Telephone Number 732-376-6200
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Perth Amboy 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 300 Eagle Avenue		Square Feet 300,000	# of Floors 3
City (5) Perth Amboy, NJ 08861		Bldg. Age 1950	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) APS Contracting, Inc.
Street Address 36 N. Quail Hill Blvd		Street Address 155-161 Pennsylvania Avenue	
City, State, Zip Code Galloway, NJ 08205		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Donna D'Errico		Telephone No. 609-652-1833	License No. 01-287
Start Date (10) 01 / 14 / 19	Scheduled Completion Date (11) 03 / 01 / 19	Name of OSHA Monitor APS Contracting, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 155-161 Pennsylvania Avenue	
		City, State, Zip Code Paterson, NJ 07503	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Throughout the Building Elevation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking Material All Windows
Throughout the Building Elevation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asb Contaminated Translucent Panels
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler APS Contractors, Inc.		NJDEP Waste Hauler ID No. 21259	Name of Registered Landfill Grows Landfill
City, State Paterson, New Jersey		Disposal Date 01/30/2019	City, State Morrisville, PA 19067
Completed By (Print or Type) Svetozar Savreski	Title President	Signature 	Date 1/4/19

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

check #
2130



Date of Notification (1) 12 / 27 / 18			Name of Building Owner/Operator (2) PERTH AMBOY BOARD OF EDUCATION		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 178 BARRACKS STREET	
				City, State, Zip Code PERTH AMBOY, NJ 08861	
			Name of Contact Derek J. Jess		Telephone Number 732-376-6200
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Perth Amboy 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 300 Eagle Avenue					
City (5) Perth Amboy, NJ 08861				Square Feet 300,000	# of Floors 3
				Bldg. Age 1950	
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057		Name of Abatement Contractor (9) APS Contracting, Inc.	
Street Address 36 N. Quail Hill Blvd		Street Address 155-161 Pennsylvania Avenue			
City, State, Zip Code Galloway, NJ 08205		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm Donna D'Errico		Telephone No. 609-652-1833		Telephone No. 973-754-1980	License No. 01-287
Start Date (10) 01 / 08 / 19		Scheduled Completion Date (11) 02 / 22 / 19		Name of OSHA Monitor APS Contracting, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address 155-161 Pennsylvania Avenue	
				City, State, Zip Code Paterson, NJ 07503	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Throughout the Building Elevation		<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Caulking Material All Windows 4,000 LF	
Throughout the Building Elevation		<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Asb Contaminated Translucent Panels 280 Panels	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler APS Contractors, Inc.		NJDEP Waste Hauler ID No. 21259		Cubic Yards of Waste 10 Yards	Name of Registered Landfill Grows Landfill
City, State Paterson, New Jersey		Disposal Date 01/30/2019		City, State Morrisville, PA 19067	
Completed By (Print or Type) Svetozar Savreski		Title President		Signature 	Date 12/27/18

01/07/2019 11:59AM 2013297440

BEST REMOVAL INC

PAGE 02/04

CH4919

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 3:60 and 12:120)

RECEIVED
JAN 14 2019

Date of Notification (1) 1/7/19		Name of Building Owner/Operator (2) MS ELIZABETH DOOLEY	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code SHORT HILLS, NJ. 07078	
Name of Contact H.R. KENNER		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. ELIZABETH DOOLEY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 4000	
City (5) SHORT HILLS		# of Floors 2	
County (6) ESSEX		Bldg. Age 1980	
County Code (7) ESSEX		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Best Removal, Inc.	
City, State, Zip Code		Street Address 450 South River Street	
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, New Jersey 07601	
Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/8/19		License No. 00388	
Scheduled Completion Date (11) 1/9/19		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM - 5:00 PM		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 150 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		City, State, Zip Code South Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) FIRST FLOOR KITCHEN		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> Yes	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION		Amount (Specify SF or LF) 40LF	
Name of Registered Waste Hauler Best Removal, Inc.		NIDEP Waste Hauler ID No. 17109	
City, State Hackensack, NJ 07601		Cubic Yards of Waste 20 YS	
Name of Registered Landfill Minerva Enterprises, LLC		City, State Waynesburg, OH 44688	
Disposal Date 1/9/19		Signature J. Maiorano	
Completed by J. Maiorano		Date 1/7/19	

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

Print Form

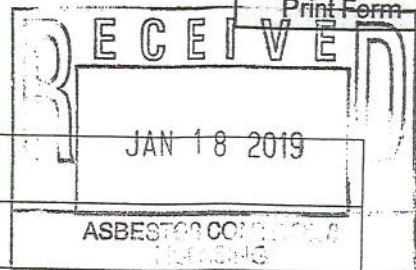
Check # 1064

Date of Notification (1) 01/09/2019		Name of Building Owner/Operator (2) Anthony Love							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ, 07666							
		Name of Contact Anthony Love	Telephone Number						
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) Teaneck		Square Feet 1,911	# of Floors 2						
County (6) Bergen		Bldg. Age 1926							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Danvic Contracting LLC.							
City, State, Zip Code		Street Address 240 South 5th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ, 07206							
Telephone No.		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 01/18/2019	Scheduled Completion Date (11) 01/25/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ, 07803							
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	20 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			

CH 7223

State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:50 and 12:120)

Print Form



Date of Notification (1) 1/11/19		Name of Building Owner/Operator (2) Randall Daub Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Wildwood NJ 08260							
		Name of Contact Chris	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Randall Daub 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 1000	# of Floors 1						
City (5) North Wildwood NJ 08260		Bldg. Age 35+							
County (6) Capemay	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/21/19	Scheduled Completion Date (11) 1/25/19	Name of OSHA Monitor Same							
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) <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
Exterior Siding			X	Exterior Siding	1200 sf	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/25/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 1/11/19			

CK 013215

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

RECEIVED

Date of Notification (1) 12/22/2018		PAID		Name of Building Owner/Operator (2) Arc of NJ		JAN 18 2019	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation		Street Address 985 LIVINGSTON AVENUE		City, State, Zip Code NORTH BRUNSWICK, NJ 08902	
				Name of Contact Michael Prendergast		Tel. Number (732) 246-2525	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Arc of NJ				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
Street Address 405 36 STREET				Entire Building: Sq. Feet: ~5000 # of Floors 2 Bldg. Age 80			
City (5) Union City		County (6) HUDSON		County Code (7) (State Use Only)		Current Use (if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A				ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Street Address N/A				Street Address 3300 Hudson Avenue			
City, State, Zip Code N/A				City, State, Zip Code Union City, NJ 07087			
Project Manager for Monitoring Firm N/A		Telephone Number		Telephone Number (201)325-0055		License Number 01124	
Scheduled Start Date (10) 01/02/2019		Scheduled Completion Date (11) 01/15/2019		Name of OSHA Monitor ISES, Inc.			
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied area				Street Address 3300 Hudson Avenue			
				City, State, Zip Code Union City, NJ 07087			
Source of Work (Check all that apply) () Demolition (X) Renovation							
() Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure							
() Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure							
(X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure							
() Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)		Amount (Specify SF or LF)	
						Abatement Type	
						Removal Repair Encapsulation Enclosure	
Basement		X		TSI on pipes		~ 470 LF	

CK 2983

PAID

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

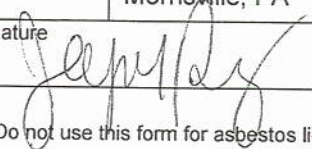
RECEIVED
JAN 18 2019

Date of Notification (1) 01/10/2019		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Highland Park NJ 08904							
Name of Contact Meredith Carman		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 816							
City (5) Highland Park		# of Floors 1							
County (6) Middlesex		Bldg. Age 100							
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.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205							
Telephone No. 201-349-2666		Telephone No. 844-462-7465							
Start Date (10) 01/21/2019		License No. 01316							
Scheduled Completion Date (11) 02/13/2019		Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		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)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		9"x9" Floor tiles	250 SF	X			
Basement/ Furnace Room		X		Furnace Wrap	50 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature <i>Alamers</i>		Date 01/10/2019			

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

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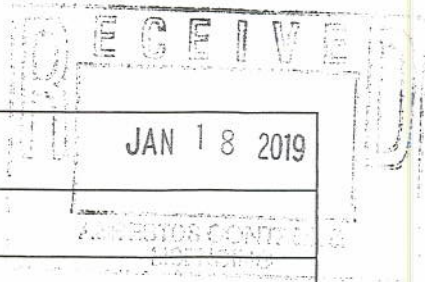
Check # 1067

Date of Notification (1) 01/13/2019		Name of Building Owner/Operator (2) Myrna Louis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ, 07111							
		Name of Contact Myrna Louis	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) Irvington,		Square Feet 3,500	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1900						
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) 01/14/2019	Scheduled Completion Date (11) 01/16/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 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 01/13/2019					

CK1529

PAID

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

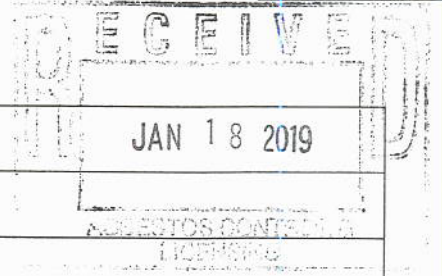


Date of Notification (1) <u>1</u> / <u>15</u> / <u>19</u>		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC		JAN 18 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake					
				Telephone Number 908-670-5711					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1200 Randolph Road- Building 1			Square Feet						
City (5) Plainfield			# of Floors		Bldg. Age				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		License No. 1188					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888					
Start Date (10) <u>07</u> / <u>19</u> / <u>18</u>		Scheduled Completion Date (11) <u>01</u> / <u>31</u> / <u>20</u>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Elevator Lobbies/Floor 6 to Basement/Patient Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	37,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Cavities- Floor 6 to Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	7,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Electrical & Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbow Insulation	75 Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 1/15/19			

RECEIVED
JAN 18 2019

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 1/15/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) Norma Nutman		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 18 2019 DEPARTMENT OF ENVIRONMENTAL PROTECTION </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		City, State, Zip Code Oradell, NJ 07649			
		Name of Contact Norma Nutman		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>					
City (5) Oradell			Square Feet 3000	# of Floors 2	Bldg. Age 65 +/-
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.		Name of Abatement Contractor (9) All Stages Abatement	
Street Address		Street Address 280 N. Midland Ave.			
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 1/22/19		Scheduled Completion Date (11) 1/26/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M				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) 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		VAT	140 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 	Date 1/15/19	

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

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NO CLK

Date of Notification (1) <u>8</u> / <u>3</u> / <u>18</u>		Name of Building Owner/Operator (2) Rutgers University / Job #1807-2328 Chk. #NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Road	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Joan Stanton, PE	Telephone Number 848-445-2419

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building #3084 - Kreeger Learning Annex		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 151 College Avenue			
City (5) Piscataway		Square Feet 14000	# of Floors 1
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 40
		Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>9</u> / <u>24</u> / <u>18</u>	Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>19</u>		Name of OSHA Monitor EMSL Analytical, Inc.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Siding	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Paper Vapor Barrier	4500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	14,000 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

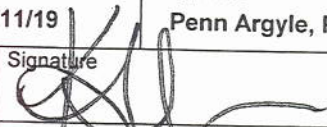
Name of Registered Waste Hauler Champion		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Hainesport, NJ		Disposal Date 1/30/19	City, State Penn Argyle, PA		
Completed By (Print or Type) Kimberly Trumbetti	Title Office Coordinator	Signature 	Date 1-2-19		

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

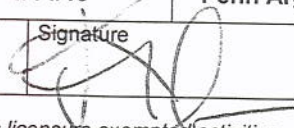
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JAN 13 2019

Date of Notification (1) 1 / 7 / 19		Name of Building Owner/Operator (2) Brian & Misty Pistone / Job #1904-2395 Chk. #5251							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Medford Lakes, NJ 08055 Name of Contact Misty Pistone Telephone Number 							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1700 # of Floors 2 Bldg. Age 1960s							
City (5) Medford Lakes		County (6) Burlington County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave & Steven Flanigan		Telephone No. 856-848-0800							
Start Date (10) 1 / 9 / 19		Scheduled Completion Date (11) 1 / 11 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full-Containment-with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Room & Entry Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 1/11/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 1-8-2019		

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

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Date of Notification (1) 1 / 9 / 18		Name of Building Owner/Operator (2) HealthSouth Corporation / Job #1609-2116 Chk. #4582							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann Telephone Number 205-970-7850							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HealthSouth Rehab Hospital of Toms River		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 14 Hospital Drive		Square Feet 84,619							
City (5) Toms River		# of Floors 3	Bldg. Age over 30						
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Rehab Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Horizon	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 1 / 10 / 19	Scheduled Completion Date (11) 1 / 14 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crows Nest in Admin Area - Rm 118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling	up to 138 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 1/14/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 1-9-19		

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

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JAN 18 2019

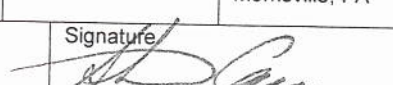
Date of Notification (1) 01/15/2019		Name of Building Owner/Operator (2) DOW Chemical Company	
Agencies Notified	Type Notification	Street Address 65 Baekeland Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>01</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Ken Borroni	Telephone Number 267-249-0071

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOW Chemical Bound Brook - Bldg 203		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 65 Baekeland Avenue		Square Feet 18000	# of Floors 2
City (5) Middlesex		Bldg. Age 35+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical Plant	
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company
Street Address 140 S Village Ave, Suite 130		Street Address 2217 Spillman Drive	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm		Telephone No. 610-524-5525	Telephone No. 610-691-1800
Start Date (10) POSTPONED		Scheduled Completion Date (11) POSTPONED	License No. 00721
Name of OSHA Monitor Brandenburg			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>DEMO - POSTPONED</u>		Street Address 2217 Spillman Drive	
		City, State, Zip Code Bethlehem PA 18015	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag
		<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
B 203			X	Pipe Insulation	1225 LF	X			
B 203			X	Floor Tile/Mastic	3330 SF	X			
B 203			X	Roof/Flashing	18000 SF	X			
B 203			X	Transite	85 SF	X			
B 203			X	Caulk	950 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 200	Name of Registered Landfill GROWS North	
City, State Bethlehem, PA			Disposal Date	City, State Morrisville, PA	
Completed by Stephen Carne		Title Environmental Manager	Signature 	Date 01/15/2019	

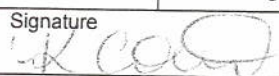
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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JAN 18 2019

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address 1 Hess Plaza							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Woodbridge, NJ 07095							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Meri Horn	Telephone Number (732) 750-5300 x.8218						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alexander Hamilton Travel Plaza		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 New Jersey Turnpike, Mile Marker 111.6		Square Feet	# of Floors 1						
City (5) Secaucus		Bldg. Age 63							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Gas Station/Garage							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Microtech Contracting Corp.						
Street Address 234 20th Avenue		Street Address 38 Kean Street							
City, State, Zip Code Brick, NJ 08724		City, State, Zip Code West Babylon, NY 11704							
Project Manager for Monitoring Firm Santino Pasalano		Telephone No. (732) 581-9001	License No. 01021						
Start Date (10) 1/25/19	Scheduled Completion Date (11) 1/25/19	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 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) 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
Sunoco Gas Station - Ext. Doors			X	door molding caulk	40 In ft	X			
Name of Registered Waste Hauler Pro-Teck LLC		NJDEP Waste Hauler ID No. 02383	Cubic Yards of Waste 5 yds	Name of Registered Landfill Grand Central Landfill					
City, State New Haven, CT		Disposal Date TBD		City, State Penn Argyle, PA					
Completed by Kim Costa		Title Admin	Signature 			Date 1/15/2019			

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

Check # 25766

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JAN 18 2019

Date of Notification (1) 1/15/2019		Name of Building Owner/Operator (2) Lopez							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code North Brunswick, NJ 08902							
		Name of Contact Delfina Lester - Re/Max	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) North Brunswick, NJ 08902		Square Feet 1400	# of Floors 2						
		Bldg. Age 80+/-							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 1/16/2019	Scheduled Completion Date (11) 1/17/2019	Name of OSHA Monitor MECS							
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: 8 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	125 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 1/18/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 1/15/2019			

01/15/2019 2:16PM FAX

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Print Form

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

Check # 25766

10 DAY

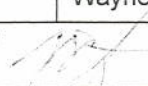
Date of Notification (1) 1/15/2019		Name of Building Owner/Operator (2) Lopez		JAN 18 2019	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> OOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code North Brunswick, NJ 08902	
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact Delfina Lester - Re/Max		Telephone Number	
FACILITY INFORMATION					
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1400	
City (5) North Brunswick, NJ 08902		# of Floors 2		Bldg. Age 80 +/-	
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm MECS		Hired by Building Owner (8) ASCN No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322		City, State, Zip Code Allentown, NJ 08501	
City, State, Zip Code Crosswicks, NJ 08515		Telephone No. (609) 298-4070		License No. 00493	
Project Manager for Monitoring Firm Bill Welsgerber		Telephone No. 609 259-9686		Name of OSHA Monitor MECS	
Start Date (10) 1/16/2019		Scheduled Completion Date (11) 1/17/2019		Street Address PO Box 341	
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: 8 am - 4 pm		City, State, Zip Code Chesterfield, NJ 08515			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
Basement		Yes No N/A X		Thermal Pipe Insulation	
				125 lf	
				X	
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2 cu	
City, State Allentown, NJ		Disposal Date 1/18/2019		Name of Registered Landfill Fairless Landfill	
Completed by Mahlon E. Stevens		Title Project Manager		Date 1/15/2019	

ASB-41 (R-08-08)

* 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)

RECEIVED

Date of Notification (1) 01/11/19		Check # 3311		Name of Building Owner/Operator (2) Academy of St. Mary/St. Mary Elementary	
Agencies Notified		Type Notification		Street Address 72 Chestnut St.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Rutherford, NJ, 07070	
				Name of Contact Tara Brunt	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) St. Mary Elementary				Type of Facility (4)	
Street Address 72 Chestnut St				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Rutherford				Square Feet 50,000+	# of Floors 3
				Bldg. Age 50+	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			ASCM No. N/A	Name of Abatement Contractor (9) EA Services	
Street Address 280 Huyler St			Street Address 426 69th st		
City, State, Zip Code South Hackensack, NJ,			City, State, Zip Code Guttenberg, NJ, 07093		
Project Manager for Monitoring Firm Rich Kuters		Telephone No. 201-489-8700		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 01/11/19		Scheduled Completion Date (11) 01/14/19		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 6:00pm				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Room 400		X		Cleanup Debris	800 SF
Room 402		X		Cleanup Debris	800 SF
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

PAID

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

6 AREAS
Check # 1197

Date of Notification (1) 1/14/19		Name of Building Owner/Operator (2) MORGAN PROPERTIES						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 160 CLUBHOUSE ROAD		City, State, Zip Code KING OF PRUSSIA PA 19405						
Name of Contact JOHN PHILLIPS		Telephone Number 610-265-2800						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) SHORTHILLS VILLAGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 72-88 WOODLAND ROAD		Square Feet 12,000						
City (5) SHORT HILLS		# of Floors 3						
County (6) ESSEX		Bldg. Age 62						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 185 Vreeland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.						
Telephone No.		Telephone No. 201-262-5841						
Start Date (10) 1/25/19		License No. 00156						
Scheduled Completion Date (11) 4/25/19		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf		City, State, Zip Code Hackensack, N.J. 07606						
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENTS				3 AREAS				
#78-80			X	PIPE	1280 LF	X		
BASEMENTS				3 AREAS				
#82-88 1/2 BUILDING			X	PIPE	1640 LF	X		
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 1/25/19		City, State Pen Argyl, PA 08072				
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/14/19		

PAID

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

Check # 25768

Date of Notification (1) 1/16/2019		Name of Building Owner/Operator (2) Martin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Riverton, NJ 08070							
		Name of Contact Julie Martin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) Riverton, NJ 08070		Bldg. Age 80+/-							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. (609) 298-4070	Telephone No. 609 259-9688	License No. 00493						
Start Date (10) 1/29/2019	Scheduled Completion Date (11) 2/15/2019	Name of OSHA Monitor MECS							
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: 8 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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
Attic		X		Vermiculite	750 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 10 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 2/15/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 1/16/2019					

CK1043 PAID

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

RECEIVED
JAN 18 2019

ASBESTOS CONTAINING MATERIAL

Date of Notification (1)
01/10/2019

Name of Building Owner/Operator (2)
La Casa Don Pedro

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

Type Notification

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

Street Address
317 Roseville Avenue

City, State, Zip Code
Newark, NJ, 07107

Name of Contact
Cris Pagan

Telephone Number
[REDACTED]

Name of Facility Where Abatement is Taking Place (3)
Private House

Street Address
[REDACTED]

City (5)
Belleville

County (6)
ESSEX

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet
N/A

of Floors
N/A

Bldg. Age
N/A

Current Use (Prior if being demolished)
Private House

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No. _____

Name of Abatement Contractor (9)
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Project Manager for Monitoring Firm _____

Telephone No. _____

Start Date (10)
01/12/2019

Scheduled Completion Date (11)
01/13/2019

Telephone No.
973-333-5144

License No.
01274

Name of OSHA Monitor
EHW ABATEMENT LLC

Street Address
89 FRANKLIN STREET

City, State, Zip Code
PATERSON, NJ, 07524

Occupancy Status During Abatement (Check Only One)

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

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
Basement		X		pipe insulation	70 LF	X			

Name of Registered Waste Hauler
EHW ABATEMENT LLC

NJDEP Waste Hauler ID No.
0037095

Cubic Yards of Waste
N/A

Name of Registered Landfill
TRI STATE TRANSFER

City, State
Paterson, NJ,

Disposal Date
TBD

City, State
BRONX, NY

Completed by
Victor Espiritu

Title
Project Manager

Signature
[Signature]

Date
01/10/2019

CK6460

PAID

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

RECEIVED
Print Form

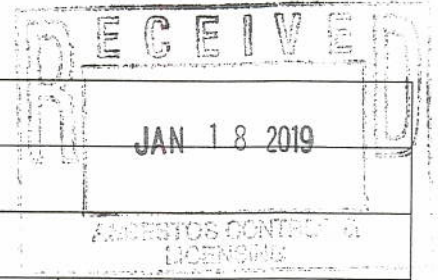
JAN 18 2019

Date of Notification (1) 01/14/2019		Name of Building Owner/Operator (2) Spirit Investment Partners							
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 300 Main Street		City, State, Zip Code Stamford, CT, 06901							
Name of Contact Luciano Ratermann		Telephone Number 440-344-0281							
Name of Facility Where Abatement is Taking Place (3) Commercial building									
Street Address 1024 Clinton Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet N/A	# of Floors N/A						
County (6) Hudson		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL BUILDING							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 01/24/2019	Scheduled Completion Date (11) 01/30/2019		Name of OSHA Monitor EHW ABATEMENT LLC						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIE			Street Address 89 FRANKLIN STREET						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code PATERSON, NJ, 07524						
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
Roof		X		Roof Membrane & flashing	856 SF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State Paterson, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 01/14/2019			

OK 1869

PAID

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



Date of Notification (1) 1/14/19		Name of Building Owner/Operator (2) Smithfield EJP Estates							
Agencies Notified	Type Notification	Street Address 300 Kinderkamack Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Emerson, NJ 07630							
		Name of Contact Laura Litchult	Telephone Number 201-785-6661						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 300 Kinderkamack Rd.		Square Feet 3800	# of Floors 2						
City (5) Emerson		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Property							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 1/15/19	Scheduled Completion Date (11) 1/17/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M.		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		Pipe Wrap	88 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 1/14/19			

2019-01-11 11:12

Shade Environmental 1 >> 609 633 0664

P. 2/4

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 8:16)

Date of Notification (1) 01 / 11 / 19		Name of Building Owner/Operator (2) Jean Bodman	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-5)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Trenton, NJ 08612 Name of Contact Jean Bodman Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bodman Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3,162	# of Floors 3
City (5) Trenton		Bldg. Age 80	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08615		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0499
Start Date (10) 01 / 14 / 19		Scheduled Completion Date (11) 01 / 18 / 19	License No. 00842
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		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure
Basement		325 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ		Cubic Yards of Waste 1	Disposal Date 01/18/2019
Completed By (Print or Type) Christine Lynch		Title Vice President of Operations	Signature [Signature] Date 1/11/19

ASB-41
JAN 13

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

NC3734

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

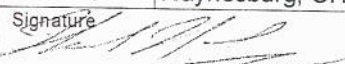
Date of Notification (1) 1/17/2019		Name of Building Owner/Operator (2) Balise							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="text-align: right;">JAN 18 2019</div> <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> City, State, Zip Code Short Hills, NJ 07078 Name of Contact Danny Marino Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Balise		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 <div style="background-color: black; width: 200px; height: 20px;"></div>		Square Feet 2,800							
City (5) Short Hills, NJ 07078		# of Floors 13							
County (6)		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Enviro-Pro UnLTD Corp.		Name of Abatement Contractor (9) Degmor Environmental Services							
Street Address 262 West 38th Street - 4th floor Suite 405		Street Address 142 22nd Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Brooklyn, NY 11232							
Project Manager for Monitoring Firm Yevgeniy Golubchik		Telephone No. 212-431-0696							
Start Date (10) 1/29/2019		License No. 01314							
Scheduled Completion Date (11) 1/30/2019		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hour Other - Describe: Tuesday & Wednesday 10 AM to 5:00 PM		Street Address 307 West 38th Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 3 sf or ≥ 3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code New York, NY 10018							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Garage			X	Duct Insulation	25 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 CY	Name of Registered Landfill Waste Management Grandcentral					
City, State Newark, NJ 07105			Disposal Date 1/29 & 1/30	City, State Pen Argyl, PA 18072					
Completed by Teresa Borowiec		Title Project Manager	Signature Teresa Borowiec	Date 1/17/2019					

C1C449

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

RECEIVED 1449

Date of Notification (1) January 15, 2019		Name of Building Owner/Operator (2) Bankers Financial Corp		JAN 18 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		PO Box 699 City, State, Zip Code Totowa, NJ 07511-0699	
		Name of Contact Project Manager		Telephone Number (973) 234-7026	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former KMart				Type of Facility (4)	
Street Address 180 Broadway				<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) Elmwood Park				Square Feet	Bldg. Age
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 2200 Paterson Plank rd # 7				Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code North Bergen, NJ 07047				City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Project Manager Carmello		Telephone No. 201-864-6583		Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 1/30/19		Scheduled Completion Date (11) 12/30/19		Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
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 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)
	Yes	No	N/A		
See attached	<input checked="" type="checkbox"/>			See attached	See attached
Name of Registered Waste Hauler Newark / Freehold / Spartan		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC
City, State Newark, NJ / Freehold, NJ / Donora, PA		Disposal Date 12/30/19		City, State Waynesburg, OH	
Completed by Mike Cooper		Title President		Signature 	Date 1/15/19

CK# 4724

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

JAN 18 2019

Date of Notification (1) <u>1-10-19</u>		Name of Building Owner/Operator (2) <u>HARBAUGH DEVELOPERS</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>318 GLASSBORO RD</u> City, State, Zip Code <u>WOODBURY HEIGHTS N.J 08097</u> Name of Contact <u>SAME</u> Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1500</u>						
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>						
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____						
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>						
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>						
Telephone No. _____		Telephone No. <u>856 779-0472</u>						
Start Date (10) <u>1-20-19</u>		License No. <u>01371</u>						
Scheduled Completion Date (11) <u>1-30-19</u>		Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code _____						
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) <u>2000SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<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>5 YDS</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>				
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____	City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUPER</u>	Signature <u>[Signature]</u>		Date <u>1-10-19</u>			

CIC# 4724

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

JAN 18 2019

Date of Notification (1) <u>1-10-19</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>							
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>							
		Name of Contact <u>BRUCE</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCEAN CITY</u>		Square Feet <u>2000</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>KLEMMCO INC</u>							
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>						
Start Date (10) <u>1-22-19</u>	Scheduled Completion Date (11) <u>1-31-19</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>3000 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>3000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>1-10-19</u>						

CX # 4724

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

JAN 18 2019

PAID

Date of Notification (1) <u>1-10-19</u>		Name of Building Owner/Operator (2) <u>REUTER CONSTRUCTION</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>459 N. BEECHAM RD</u>					
		City, State, Zip Code <u>WILLIAMSTOWN N.J 08094</u>					
		Name of Contact <u>JOHN</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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) <u>OCEAN CITY</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>				
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>				
Start Date (10) <u>2-18-19</u>		Scheduled Completion Date (11) <u>2-28-18</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>					
Street Address		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 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
<u>SIDING</u>			<u>X</u>	<u>1250 SF</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C MAC MVA</u>			
City, State <u>MAPLE SHADE W.J</u>		Disposal Date		City, State <u>WOOD BINE N.J</u>			
Completed By <u>MICHAEL KLEWCO</u>		Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>1-10-19</u>			

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

CK 4923

Date of Notification (1) 1/11/19		Name of Building Owner/Operator (2) MR CHRIS MAYOR						
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 NEWARK NJ 07101						
Name of Contact MR. EVANS		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR CHRIS MAYOR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1,800						
City (5) NEWARK		# of Floors 2						
County (6) ESSEX		Bldg. Age 1935						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Best Removal Inc.						
City, State, Zip Code		Street Address 450 South River Street						
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601						
Telephone No.		Telephone No. 201-329-7444						
Start Date (10) 1/25/19		License No. 00388						
Scheduled Completion Date (11) 1/26/19		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						
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		City, State, Zip Code South Hackensack, NJ 07606						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
THERMAL SYSTEM INSULATION			✓ THERMAL SYSTEM INSULATION	125 LF	✓			
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 307	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 1/28/19	City, State Waynesburg, OH 44688					
Completed by J. Maiorano	Title Estimator	Signature [Signature]	Date 1/11/19					

CH#5240

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:129)

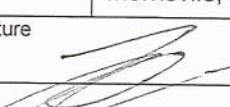
PAID

RECEIVED

Date of Notification (1) 1/2/19		Name of Building Owner/Operator (2) Cohalan Residence		JAN 18 2019							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
		City, State, Zip Code West Creek, NJ 08092		Telephone Number [REDACTED]							
		Name of Contact Rob									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Cohalan 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 900							
City (5) West Creek				# of Floors 1							
County (6) Ocean				Bldg. Age 60+							
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) Ace Insulation Co Inc							
Street Address				Street Address 95 Montrose Rd							
City, State, Zip Code				City, State, Zip Code Columbia, NJ 08057							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 294 1757							
				License No. 00029							
Start Date (10) 1/2/19		Scheduled Completion Date (11) 1/25/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm				Street Address							
				City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) <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	
exterior				X	Window Glaze	4 Window	X				
interior				X	Floor tile	60 sq ft	X				
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	Name of Registered Landfill Chris						
City, State Columbia, NJ		Disposal Date 1/25/19		City, State Eggen, PA							
Completed by Breen McGuire		Title Secretary/Treasurer		Signature [Signature]		Date 1/12/19					

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

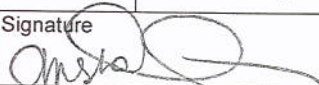
RECEIVED
JAN 13 2019

Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) Private House- Bob Magee							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Butler, NJ 07405							
		Name of Contact Bob Magee	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Butler		Square Feet 1100	# of Floors 2						
		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address _____		Street Address 63 Leather Stocking Path							
City, State, Zip Code _____		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm _____		Telephone No. 862-264-9463	License No. 01306						
Start Date (10) 01/21/2019	Scheduled Completion Date (11) 01/23/2019	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Stocking Path							
<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 Lincoln Park, NJ 07035							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			X	Vermiculite	500 SF	X		X	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 10CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 01/11/2019			

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

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Date of Notification (1) 01 / 15 / 19		Name of Building Owner/Operator (2) Hudson Valley Property Group, LLC		JAN 18 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 394 Broadway, Suite 405 City, State, Zip Code New York, NY 10013 Name of Contact Bill Chaykin					
				Telephone Number 267-623-8121					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colt Arms Apartments, Unit 8L			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 52 Godwin Street									
City (5) Paterson			Square Feet 70,000	# of Floors 14	Bldg. Age 80				
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Building					
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 11645				Street Address 623 Cutler Avenue					
City, State, Zip Code Philadelphia, PA 19116				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267-784-4693		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 01 / 24 / 19		Scheduled Completion Date (11) 01 / 31 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Unit 8L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	604 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ				Disposal Date 1/31/2019	City, State Morrisville, PA				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 1/15/19			

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BEST REMOVAL INC

PAGE 02/84

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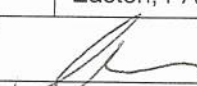
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) MS. NANCY COOK		JAN 18 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]				
		City, State, Zip Code NUTLEY, NJ, 07110		Telephone Number				
		Name of Contact MS. COOK						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. NANCY COOK			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]								
City (5) NUTLEY			Square Feet 2000	# of Floors 2	Bldg. Age 1940			
County (6) ESSEX			County Code (7) STATE USE ONLY					
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					
Telephone No.			License No. 00388					
Start Date (10) 1/16/19			Scheduled Completion Date (11) 1/17/19					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM to 5:00 PM			Name of OSHA Monitor Omega Environmental					
			Street Address 280 Huyler Street					
			City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 25 to 160 sq ft or 2250 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-Encapsulated (*) and Non-Fixable 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) 15 LF	Abatement Type			
	Yes	No			N/A	Encapsulated	Repair	Removal
BASEMENT			THELMA SYSTEMS INSULATION					
Name of Registered Waste Hauler Best Removal Inc			NIEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, NJ 07601			Disposal Date 1/17/19	City, State Waynesburg, OH 44688				
Completed by J. Maiorano			Title Estimator	Signature <i>J. Maiorano</i>		Date 1/15/19		

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


Check 18468

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) Mercury Insurance							
Agencies Notified	Type Notification	Street Address PO Box 5919							
<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 Bridgewater, NJ 08807							
		Name of Contact Michelle Naraine	Telephone Number 800-987-2032 x60123						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Verona		Bldg. Age 74							
County (6) Essex	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) 1/24/19	Scheduled Completion Date (11) 2/2/19	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 checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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	420 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/15/19			

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

Check 18469

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) Anderson Reid							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07514							
		Name of Contact Anderson Reid	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet 2000	# of Floors 2						
County (6) Passaic		Bldg. Age 76							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/24/19	Scheduled Completion Date (11) 2/4/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	150 LF	x			
second floor hall & kitchen			x	floor tile	300 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/Fairless					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Morristown, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/15/19			

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

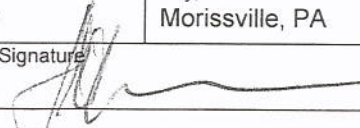
CK18470 PAID **Check 18470**

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) NJ Abaters							
Agencies Notified	Type Notification	Street Address PO Box 643							
<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 Middlesex, NJ 08846							
		Name of Contact Raphael Rodrigues	Telephone Number 908-361-0889						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) High Bridge		Square Feet 2100	# of Floors 2						
County (6) Hunterdon		Bldg. Age 70							
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) 1/25/19	Scheduled Completion Date (11) 2/4/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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) 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	ppie insulation	90 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Newburg, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/15/19			

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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 18 2019

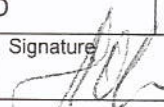
Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) Bridget McGlone							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Midland Park, NJ 07432							
Name of Contact Bridget McGlone		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet N/A							
City (5) Midland Park		# of Floors N/A							
County (6) Bergen		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-345-8685							
Start Date (10) 01/24/2019		License No. 01311							
Scheduled Completion Date (11) 01/25/2019		Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	84 LF	X			
Basement		X		Furnace Insulation	30 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/11/2019			

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

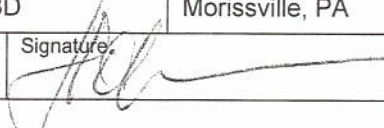
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JAN 18 2019

Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) James Clarke							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact James Clarke	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Chatham		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 01/23/2019	Scheduled Completion Date (11) 01/24/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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	15 LF	X			
Basement		X		Duct Insulation	16 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 01/11/2019					

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

JAN 18 2019

Date of Notification (1) 01/11/2019		Name of Building Owner/Operator (2) Paul Campbell							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Paul Campbell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) South Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 01/22/2019	Scheduled Completion Date (11) 01/23/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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 Family Room		X		Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 01/11/2019		

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

CK 4928

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) BERTENSEN REALTY & MANAGEMENT COMPANY							
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	16 NORTH VAN BRUNT ST City, State, Zip Code ENGLEWOOD, NJ, 07631							
		Name of Contact NILS BERTENSEN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PAUSADE JEWELERS		Type of Facility (4)							
Street Address 16 NORTH VAN BRUNT ST		<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) ENGLEWOOD	Square Feet 3500	# of Floors 2	Bldg. Age 1940						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) JEWELERS STORE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 1/31/19		Name of OSHA Monitor							
Scheduled Completion Date (11) 2/1/19		Street Address							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		280 Huyler Street South Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	20LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Best Removal Inc		17109	1.42 CY	Minerva Enterprises, LLC					
City, State			Disposal Date	City, State					
Hackensack, NJ 07601			2/1/19	Waynesburg, OH 44688					
Completed by		Title	Signature	Date					
J. Maiorano		Estimator	<i>[Signature]</i>	1/15/19					

CK 9238 PAID

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

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address 595 Newark Ave.	
	City, State, Zip Code Jersey City, NJ 07306		
	Name of Contact Ralph Sax	Telephone Number 2551-226-1576 c	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Meadowview Psychiatric Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 595 County Avenue			Square Feet: 80000 # of Floors: 2 Bldg. Age: ~ 90		
City (5) Secaucus	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 1/16/19	Sched. Completion Date (11) 1/31/19		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <u>evenings and/or weekends</u> <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Building 6		X		TSI – "wrap & cut"	20 LF	X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 2	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 1/24/19	City, State Taylor, PA		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 1/15/19

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:126)

DOL - 10 DAY

JAN 13 2019

Date of Notification (1) 1/15/19		Name of Building Owner/Operator (2) MS. SYLVIA MONACO	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	
Street Address [REDACTED]		City, State, Zip Code NORTH BERGEN, NJ 07047	
Name of Contact MR. ANDREW BERENS		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS SYLVIA MONACO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1800	
City (5) NORTH BERGEN		# of Floors 2	
County (6) HUDSON		Blgd. Age 1945	
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Best Removal Inc.	
City, State, Zip Code		Street Address 450 South River Street	
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601	
Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/16/19		Lien No. 00388	
Scheduled Completion Date (11) 1/17/19		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: 5:00 AM - 5:00 PM		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 250 sf or 250 lf		City, State, Zip Code South Hackensack, NJ 07606	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Abatement (Specify SF or LF)	
BASEMENT		40 LF	
BASEMENT		15 SF	
Name of Registered Waste Handler		Cubic Yards of Waste 2 1/2	
City, State Hackensack, NJ 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 1/17/19		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Signature J. Maiorano	
Title Estimator		Date 1/15/19	