


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

**NOCK**

**JAN 22 2020**

Date of Notification (1) <b>January 10, 2020</b>		Job #: 9771.01		Name of Building Owner/Operator (2) <b>Delaware River Port Authority</b>				
Agencies Notified		Notification Type		Street Address				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment#01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>One Port Center, 2 Riverside Drive</b> City, State, Zip Code <b>Camden, NJ 18101</b>				
				Name of Contact <b>Steven Hulmes</b>	Telephone Number <b>856-968-3328</b>			
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Ben Franklin Bridge - Annex Building</b>				Type of Facility (4)				
Street Address <b>420 North 6<sup>th</sup> Street</b>				<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) <b>Camden</b>				Square Feet <b>8,000</b>	# of Floors <b>2+</b>			
County (6) <b>Camden</b>				Bldg. Age <b>30+</b>				
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Commercial/ EZ Pass Service Center						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No. <b>178</b>	Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>					
Street Address <b>400 Street Road</b>		Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b>						
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Bensalem, PA 19020</b>						
Project Manager for Monitoring Firm <b>Melissa Billingsley</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>215-533-3503</b>	License Number <b>00858</b>				
Scheduled Start Date (10) <b>January 27, 2020</b>		Scheduled Completion (11) <b>January 31, 2020</b>		Name of OSHA Monitor <b>Criterion Laboratories</b>				
Occupancy Status During Abatement (Check only one)				Street Address <b>400 Street Road</b>				
<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>Work area will be vacated/isolated.</u>				City, State, Zip Code <b>Bensalem, PA 19020</b>				
Source of Work (Check all that apply)								
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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
Basement	X		Pipe Insulation	36 LF	X			
Stairwell to Basement	X		Pipe Insulation	5 LF	X			
Name of Reg. Waste Hauler <b>David Geppert Recycling</b>		NJDEP Waste Hauler ID # <b>19272</b>	Cubic Yards of Waste <b>1</b>	Name of Reg. Landfill <b>Western Berks Community Landfill</b>				
City, State <b>Hatfield, PA</b>		Disposal Date <b>01/31/2020</b>		City, State <b>Birdsboro, PA</b>				
Completed by <b>Vincent Primavera</b>	Title <b>Project Manager</b>		Signature 		Date <b>01/17/2020</b>			



Inv# 17499  
PAID

**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 0198

Date of Notification (1) 01 / 21 / 20		Name of Building Owner / Operator (2) WOODBIDGE PUBLIC SCHOOL DISTRICT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address PO BOX 428 SCHOOL STREET		City, State, Zip Code WOODBIDGE, NJ	
Name of Contact BRIAN WOLFERMAN		Telephone Number 732-602-8536	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER ROSS STREET 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 bldgs., homes, etc.)	
Street Address 110 ROSS STREET		Building Age 50 +	
City (5) WOODBIDGE	County (6) MIDDLESEX	County Code (7)	Square Feet 30,000
			# Of Floors 3
		Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO		NORTHSTAR CONTRACTING GROUP, INC.	
Street Address PO BOX 385		Street Address 32 Williams Parkway	
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm JOHN SMOYER		Telephone Number 609-652-1833	
Scheduled Start Date (10) 01 / 23 / 20	Sched. Completion Date (11) 03 / 30 / 20	Telephone Number 973-884-8682	License Number 00860
Occupancy Status During Abatement (Check Only 1) <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: 6:30 AM-3:00 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<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

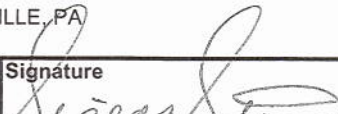
  

Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)  YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
DEMOLITION DEBRIS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	DEMOLITION DEBRIS	30,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

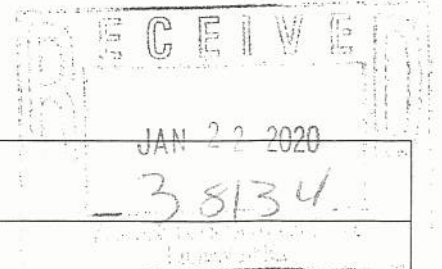
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC HORWITH	NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL
City, State EAST HANOVER, NJ	Disposal Date	City, State MORRISVILLE, PA	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 01/21/20
--	--------------------------	---	------------------



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



Date of Notification (1) <b>01 / 16 / 20</b>			Name of Building Owner/Operator (2) <b>ULA 211 Properties, LLC</b>						
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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1069 East 9<sup>th</sup> Street</b> City, State, Zip Code <b>Brooklyn, NY 11230</b> Name of Contact <b>Avi</b>					
				Telephone Number <b>646-946-2748</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) <b>Bradley Beach</b>			Square Feet <b>4000</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>				
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>				
Start Date (10) <b>01 / 17 / 20</b>		Scheduled Completion Date (11) <b>01 / 22 / 20</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	4150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3500 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>01/22/20</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>1/16/20</b>		

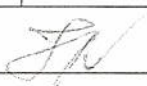
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Inv# 17516*  
*CK 1045323 PAID*

Date of Notification (1) 01/17/2020		Name of Building Owner/Operator (2) William Carbone		JAN 22 2020					
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		<input type="checkbox"/> [Redacted] City, State, Zip Code Ridgewood, NJ 07450					
		Name of Contact John Pensac		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House			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) Ridgewood			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Bergen		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. 9733458685	License No. 01311				
Start Date (10) 01/27/2020		Scheduled Completion Date (11) 01/28/2020		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied				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	50 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/17/2020			



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

Date of Notification (1) 01/17/2020		Name of Building Owner/Operator (2) Reuben Tversky		JAN 22 2020					
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 <div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Paramus, NJ 07652					
		Name of Contact Reuben Tversky		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
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 <div style="background-color: black; height: 15px; width: 100%;"></div>			Square Feet N/A		# of Floors N/A				
City (5) Paramus			Bldg. Age N/A						
County (6) Bergen		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. _____		License No. _____					
Start Date (10) 01/29/2020		Scheduled Completion Date (11) 01/30/2020		Name of OSHA Monitor D&S Abatement, 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 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 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
Kitchen		X		Linoleum	140 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central			
City, State Wayne, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 01/17/2020			

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

Date of Notification (1) 01/17/2020		Name of Building Owner/Operator (2) Leila Sullivan							
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 Maplewood, NJ 07040  Name of Contact Leila Sullivan							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
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]									
City (5) Maplewood		Square Feet N/A	# of Floors N/A						
		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. 9733458685	License No. 01311						
Start Date (10) 01/28/2020	Scheduled Completion Date (11) 01/29/2020	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	60 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature <i>NJ</i>			Date 01/17/2020		



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

*Inv #17091*  
**PAID**

*ck# 1229*  
**RECEIVED**  
JAN 22 2020

Date of Notification (1) 1/2/2020		Name of Building Owner/Operator (2) Private property							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wharton NJ							
		Name of Contact Danny Matarese	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Wharton NJ		Square Feet 2000	# of Floors 2						
		Bldg. Age +50							
County (6) Morris County	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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 1/11/2020	Scheduled Completion Date (11) 1/15/2020	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor bedroom and closet			x	Floor tile 9x9 under 12x12 tile	392 SF	x			
Basement			x	Floor tile 12x12	200SF	x			
Exterior			x	Window Caulking	13 windows	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature <i>[Signature]</i>			Date 1/2/2020		

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

*Inv# 10915 PAID*

*11/12/24*

**RECEIVED**  
JAN 22 2020

Date of Notification (1) 12/20/2019		Name of Building Owner/Operator (2) Clark Broadway Associates LLC							
Agencies Notified	Type Notification	Street Address 820 Morris Turnpike							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Shorth Hills NJ							
		Name of Contact Danny Matarese	Telephone Number 732-591-6261						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former A&P Supermarket		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 52 Westfield Ave		Square Feet 13500	# of Floors 1						
City (5) Clark NJ		Bldg. Age +50							
County (6) Union County	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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 1/3/2020	Scheduled Completion Date (11) 2/20/2020	Name of OSHA Monitor Iris Environmental Laboratories							
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: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main floor			x	floor tile/mastic	13500 SF	x			
Exterior Masonry			x	expansion joint caulk	96 LF	x			
roof			x	roof flashing	1250 LF				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal	Signature <i>Galo Zumba</i>	Date 12/20/2019					



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

*Inv # 17026 PAID* *ck# 1228*

Date of Notification (1) 12/27/2019		Name of Building Owner/Operator (2) Private property							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Florham Park NJ  Name of Contact Danny Matarese							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Florham Park NJ		Square Feet 25000	# of Floors 1						
		Bldg. Age +50							
County (6) Union County	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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01384						
Start Date (10) 12/28/2019	Scheduled Completion Date (11) 12/29/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Main floor			x	elbows (wrap and cut)	20 elbows	x			
						x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal	Signature <i>Galo Zumba</i>	Date 12/27/2019					



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

CK 35064

Date of Notification (1)

1 / 17 /2020

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet

89,717

# of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 20 /2020

Sched. Completion Date (11)

5 / 30 /2020

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET


City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

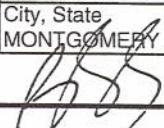
☒ Full Containment with Negative Pressure  
☐ Mini Encl.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR			X	PIPE INSULATION	1,900 SF	X			
3RD FLOOR			X	PIPE INSULATION	1,900 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 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	Disposal Date 01/06/20-05/30/20	Signature 	Date 1/17/20			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS								



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

**RECEIVED**  
JAN 22 2020

<b>Date of Notification (1)</b> 12 / 20 /2019			<b>Name of Building Owner/Operator (2):</b> MERCK SHARP & DOHME CORP.		
<b>Agencies Notified</b>			<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
<b>Type Notification</b>			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
<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"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
			<b>Name of Contact</b> KINNARI PATEL		<b>Telephone Number</b> 732-594-6352
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b>  MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <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.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 60			<b>Square Feet</b> 89,717	<b># of Floors</b> 5	<b>Bldg. Age</b> 82
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH			<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 1 / 13 /2020		<b>Sched. Completion Date (11)</b> 5 / 30 /2020		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
Month Day Year		Month Day Year			
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			<b>Street Address</b> 117 EAST 30TH STREET		
			<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>			<b>Is Location normally used solely by Maint/Custodial Staff (12)</b>	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>
			Yes No N/A		
2ND FLOOR				PIPE INSULATION	1,900 SF
3RD FLOOR				PIPE INSULATION	1,900 SF
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33			<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY			<b>Disposal Date</b> 01/06/20-05/30/20		<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 		<b>Date</b> 12-20-19



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

**RECEIVED**  
JAN 22 2020

**Date of Notification (1)**

1 / 2 /2020

**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)**

MERCK SHARP & DOHME CORP.

**Street Address**

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

**City, State, Zip Code**

RAHWAY, NEW JERSEY 07065

**Name of Contact**

KINNARI PATEL

**Telephone Number**

732-594-6352

**FACILITY INFORMATION**

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

MERCK SHARP & DOHME CORPORATION

**Street Address**

126 EAST LINCOLN AVENUE - BUILDING 60

**City (5)**

RAHWAY

**County (6)**

UNION

**County Code (7)  
(STATE USE ONLY)**

**Name of Monitoring Firm Hired by Building Owner (8)**

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

**ASCM No.**

104

**Street Address**

655 WEST SHORE TRAIL

**City, State, Zip Code**

SPARTA, NEW JERSEY 07871

**Project Manager for Monitoring Firm**

WILLIAM S. KERBEL, CIH

**Telephone Number**

973-729-5649

**Expected State Date (10)**

1 / 13 /2020  
Month Day Year

**Sched. Completion Date (11)**

5 / 30 /2020  
Month Day Year

**Occupancy Status During Abatement (Check only one)**

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

**Scope of Work (Check all that apply)**

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

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

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			X	PIPE INSULATION	1,900 SF	X			
3RD FLOOR			X	PIPE INSULATION	1,900 SF	X			

**Name of Registered Waste Hauler**  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

**City, State**

FREEHOLD, NEW JERSEY

**Completed by (Print or Type)**

BENJAMIN SANCHEZ

**NJDEP Waste Hauler ID No.**  
15939

**Cubic Yards of Waste**  
120

**Disposal Date**

01/06/20-05/30/20

**Name of Registered Landfill**

LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

**City, State**

MONTGOMERY, PA 17752

**Signature**

**Date**

1-2-2020



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

OK 16792 PAID

Date of Notification (1)  
**1/16/2020**

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

Type Notification  
☒ Initial Notification  
☐ Amended Notification  
☐ EMERGENCY  
☐ Cancellation

Name of Building Owner/Operator (2)  
**Allison Clafin**

Street Address  
[REDACTED]

City, State, Zip Code  
**South Orange, NJ, 07079**

Name of Contact  
**Allison Clafin**

Telephone Number  
[REDACTED]

JAN 22 2020

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
**Allison Clafin**

Street Address  
[REDACTED]

City  
**South Orange**

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  
[REDACTED]

# of Floors  
[REDACTED]

Bldg. Age  
[REDACTED]

Current Use (Prior if being demolished)

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

Street Address  
[REDACTED]

City, State, Zip Code

Name of Abatement Contractor (9)  
**AZTECH MANAGEMENT, Inc.**

Street Address  
**86 Christopher St.**

City, State, Zip Code  
**Montclair, NJ 07042**

Project Manager for Monitoring Firm  
[REDACTED]

Telephone Number  
**N/A**

Telephone Number  
**(973) 744-8800**

License Number  
**00371**

Scheduled Start Date (10)  
**01 23 20**  
Month Day Year

Sched. Completion Date (11)  
**01 24 20**  
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  
[REDACTED]

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			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			X	Pipe Insulation	90 LF	X			

Name of Registered Waste Hauler  
**AZTECH MANAGEMENT, INC.**

NJDEP Waste Hauler ID No.  
**17040**

Cubic Yards of Waste  
**1.0**

Name of Registered Landfill  
**Tri - State**

City, State  
**Montclair, NJ 07042**

Disposal Date  
**01/27/20**

City, State  
**Bronx, NY, 10474**

Completed By (Print or Type)  
**Constantine Vivian**

Title  
**President**


Signature  
*Constantine Vivian*

Date  
**1/16/2020**

256 Underhill Road

Inv# 17423

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

Date of Notification (1) 01/16/2020		Name of Building Owner/Operator (2) Caravella Demolition INC							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Dina Caravella	Telephone Number (973)884-4900						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Casino In The Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Lincoln Park		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Demolition							
Name of Monitoring Firm Hired by Building Owner (8) IRIS ENVIRONMENTAL LABORATORIES		ASCM No.	Name of Abatement Contractor (9) Rizov LLC						
Street Address 2333 Route 22 West		Street Address 246 Gaston Ave.							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (908)206-0073	License No. 01369						
Start Date (10) 01/06/2020	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Rizov 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 246 Gaston Ave.							
		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Black Roof Material	600 SF	x			
Roof		x		Black Roof Material	600 SF	x			
Roof under Storage Room		x		Black Roof Material	300 SF	x			
Roof under Shingle Roof		x		Black Roof Material	400 Sf	x			
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Wayne NJ				Disposal Date TBD	City, State Pen Argyl PA				
Completed by Aleksandra Rizova		Title Owner		Signature 		Date 01/16/2020			



Jan. 7. 2020 10:48AM

Inv# 17447

No. 0485 P. 3

JAN 22 2020 DAY

CK 1515 PAID

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

Date of Notification (1) 01/17/2020		Name of Building Owner/Operator (2) Lucia Palma	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address: [REDACTED]		City, State, Zip Code Passaic, NJ 07055	
Name of Contact: Lucia Palma		Telephone Number: [REDACTED]	

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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address: [REDACTED]		Square Feet 2,071	
City (5) Passaic, NJ 07055		# of Floors 2	
County (6) Passaic		Bldg. Age 120	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address: [REDACTED]		Street Address: 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	
Start Date (10) 01/20/2020		License No. 01931	
Scheduled Completion Date (11) 01/20/2020		Name of OSHA Monitor Envirovision Consultants, 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: 08:30 AM - 03:30 PM		Street Address: 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft	<input 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-Prizable Procedure				

Location of Asbestos-Containing Material (ACM) in Facility (14)	Is Location Normally Used Safely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Enclosure	Encasement
Basement		X		Asbestos containing Pipe Insulation	90 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0033844		Cubic Yards of Waste 2+		Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morgantown, PA			
Completed by Zhiyko Nikolov		Title President		Signature [Signature]		Date 01/17/2020	

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

*Check 19756*

Date of Notification (1) 1/17/20		Name of Building Owner/Operator (2) Aimee Barret							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> City, State, Zip Code Chatham NJ 07928							
		Name of Contact Aimee	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Chatham		Square Feet 2100	# of Floors 2						
		Bldg. Age 83							
County (6) Morris	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)							
ASCM No.		ABS Environmental Services, LLC							
Street Address		Street Address							
		4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code							
		Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-764-2276	703						
Start Date (10) 1/29/20	Scheduled Completion Date (11) 1/7/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>crawl space</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
crawl space			x	exterior duct insulation	50 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature			Date 1/17/20			



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

C E I V E

Date of Notification (1) 1/17/20		Name of Building Owner/Operator (2) MR. CHRIS DOI		JAN 22 2020						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code CARLSTADT, NJ. 07072 Name of Contact MR. DOI Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) MR CHRIS DOI				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) CARLSTADT						
County (6) BERGEN				County Code (7) (STATE USE ONLY) [REDACTED]						
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]				Name of Abatement Contractor (9) Best Removal Inc						
Street Address [REDACTED]				Street Address 450 South River St						
City, State, Zip Code [REDACTED]				City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm [REDACTED]				Telephone No. 201-329-7444						
Start Date (10) 1/31/20				Scheduled Completion Date (11) 4/31/20						
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						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [REDACTED] [REDACTED] [REDACTED]		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION		Amount (Specify SF or LF) 70 LFP		Abatement Type		
								Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2420		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601				Disposal Date 2/3/20		City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO		Title Estimator		Signature [Signature]			Date 1/17/20			



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

Check # 1184

Date of Notification (1) 01/15/2020		Name of Building Owner/Operator (2) Conrado Herrera							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Matawan, NJ 07747							
		Name of Contact Conrado Herrera	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Matawan	Square Feet 2,225	# of Floors 2	Bldg. Age 1925						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 01/30/2020	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature [Signature]			Date 01/15/2020			



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

*Inv# 17506*  
*OK 3/52 PAID*

Date of Notification (1) January 17, 2020		Name of Building Owner/Operator (2) NJIT		JAN 22 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address University Heights City, State, Zip Code Newark, NJ 07102 Name of Contact Cheryl Caterino Telephone Number 973-249-1818					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJIT Weston Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 346-366 Martin Luther King Jr Blvd				Square Feet					
City (5) Newark				# of Floors					
County (6) Essex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Environmental Services Inc		ASCM No.		Name of Abatement Contractor (9) Osiyo Inc					
Street Address 280 Huyler Street		Street Address 292 Main Street, #261							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm Gary Mellor		Telephone No. 201-489-8700		Telephone No. 610-400-8711					
License No. 01373									
Start Date (10) 01/13/2020		Scheduled Completion Date (11) 01/29/2020		Name of OSHA Monitor Schneider Laboratories Global 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 2512 West Cary Street City, State, Zip Code Richmond, VA 23220					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
First Floor Lecture # 1		X		Carpet Glue and Tile Mastic	2,750SF	X			
First Floor Lecture #1 RM 118		X		Vinyl Tile with Mastic	50SF	X			
First Floor Lecture #1 RM 119		X		Vinyl Tile with Mastic	50SF	X			
First Floor Lecture #1 Stage & Stairs		X		Vinyl Tile with Mastic	300SF	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ 07201				Disposal Date	City, State Morrisville, PA				
Completed by Carol Bradford		Title President		Signature <i>Carol Bradford</i>		Date 01/17/2020			



**OSIYO INC.**

292 Main Street, Box 261  
Harleysville, PA 19438-2416



NJIT Weston Hall

Amended #2 Page 2

First Floor Lecture Hall #1 remove 9LF of asbestos pipe insulation (wrap and cut procedure).

First Floor Lecture Hall #1 remove 2" asbestos pipe elbows 10ea (wrap and cut procedure).


First Floor Lecture Hall #1 remove 30SF of asbestos transite panel.

First Floor Lecture Hall #1 remove asbestos mastic on two columns approximately 250SF.

First Floor Lecture Hall #1 remove 4" pipe elbows and fittings 5ea (wrap and cut procedure).



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

Date of Notification (1) <div style="text-align: center;">1 / 15 / 20</div>		Name of Building Owner/Operator (2) <b>Rider University</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b>							
		City, State, Zip Code <b>Lawrenceville, NJ 08648</b>							
		Name of Contact <b>Walter Eddy</b>	Telephone Number <b>609-896-5080</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rider University - Omega House</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>2083 Lawrenceville Road</b>									
City (5) <b>Lawrenceville</b>		Square Feet <b>4,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>50+</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No. <b>102</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental Company, Inc</b>						
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-656-2944</b>	License No. <b>0398</b>						
Start Date (10) <div style="text-align: center;">1 / 20 / 20</div>	Scheduled Completion Date (11) <div style="text-align: center;">1 / 31 / 20</div>	Name of OSHA Monitor <b>EMSL Laboratory</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM		Street Address <b>200 ROute 130 N</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>floor tile and mastic</b>	<b>1,000SF</b>	<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 <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>1/31/20</b>		City, State <b>Moorisville, PA</b>					
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 			Date <b>1/15/20</b>		

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM**  
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

JAN 22 2020

Date of Notification (1) <b>January 14 2020</b>		Name of Building Owner / Operator (2) <b>Rider University</b>		
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address <b>2083 Lawrenceville Road</b>		
		City, State & Zip Code <b>Lawrenceville, NJ 08648</b>		
		Name of Contact <b>Walter Eddy</b>		Telephone Number <b>609-896-5000</b>
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Omega House</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other	
Street Address <b>2083 Lawrenceville Road</b>			Square Feet <b>4,000</b>	# of Floors <b>2</b>
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Bldg. Age <b>+50 years</b>	
Current Use (Prior if being demolished) <b>Campus Building</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental</b>	
Street Address <b>515 Grove Street, Suite 1 B</b>		Street Address <b>923 Haws Avenue</b>		
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Norristown, PA 19428</b>		
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone Number <b>(856) 547-0505</b>	Telephone Number <b>(610) 239-9920</b>	License Number <b>0938</b>
Scheduled Start Date (10) <b>January 20, 2020</b>	Scheduled Completion Date (11) <b>January 31, 2020</b>		Name of OSHA Monitor <b>EMSL Laboratory</b>	
Occupancy Status During Abatement (Check all that apply) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 7am – 5pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>200 Route 130 North</b>	
			City, State & Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Glove Bag				
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)	Enter only Square Footage	Enter only Lineal Footage
<b>Basement level community room</b>	<b>No</b>	<b>Floor tile and mastic</b>	<b>1000 sf</b>	
	<b>No</b>		<b>sf</b>	<b>lf</b>
	<b>No</b>		<b>sf</b>	
	<b>No</b>		<b>sf</b>	
	<b>No</b>		<b>sf</b>	
	<b>No</b>		<b>sf</b>	
	<b>No</b>		<b>sf</b>	
<b>TOTALS</b>			<b>1000 SF</b>	<b>LF</b>
Completed By (Print or Type) <b>Brian Clark</b>	Title <b>Project Manager</b>	Signature <i>Brian Clark</i>		Date <b>1/14/20</b>



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

RECEIVED  
JAN 22 2020

Date of Notification (1) <div style="text-align: center;">1 / 17 / 20</div>		Name of Building Owner/Operator (2) <b>Princeton University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 <b>E.A MacMillian Building</b>	
		City, State, Zip Code <b>Princeton NJ. 08540</b>	
		Name of Contact <b>Robert Ortega</b>	Telephone Number <b>609-258-1841</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University Moffett 4th Floor</b>		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 <b>Washington Road</b>			
City (5) <b>Princeton</b>	Square Feet <b>70,000</b>	# of Floors <b>4</b>	Bldg. Age <b>+/- 70</b>
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Classrooms</b>	

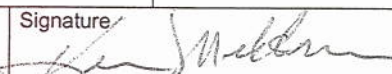
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>	
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>8436 Enterprise Avenue</b>		
City, State, Zip Code <b>Haddon Heights NJ. 08035</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>		
Project Manager for Monitoring Firm <b>R Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>	

Start Date (10) <div style="text-align: center;">12 / 16 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 6 / 20</div>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>
--	---	--

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-11:00PM/11:00PM-7:00AM</b>		Street Address <b>8436 Enterprise Avenue</b>
		City, State, Zip Code <b>Philadelphia, PA 19153</b>

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
Hallway throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	11,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Room 428 12x12 Beige	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastic Throughout w/ 12x12BLUE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page 1 of 2 Continue Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

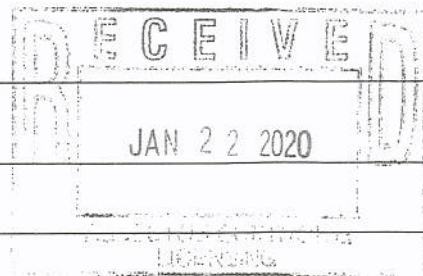
Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>120CY</b>	Name of Registered Landfill <b>Waste Management Tullytown</b>	
City, State <b>New Castle De.</b>		Disposal Date <b>2-6-20</b>	City, State <b>Tullytown Pa.</b>		
Completed By (Print or Type) <b>Kevin Meldrum</b>	Title <b>Project Manager</b>	Signature 	Date <b>1-17-20</b>		

JAN 22 2020

[illegible]



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



Date of Notification (1) <b>01 / 16 / 20</b>		Name of Building Owner/Operator (2) <b>Edward Dunn</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>	
		Name of Contact <b>Edward Dunn</b>	Telephone Number --

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Dunn Residence</b>		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 <b>1,806</b>	
City (5) <b>Fair Lawn</b>		# of Floors <b>2</b>	Bldg. Age <b>65</b>
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00842</b>
Start Date (10) <b>02 / 03 / 20</b>	Scheduled Completion Date (11) <b>02 / 05 / 20</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>760 SF</b>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Freehold, NJ</b>			Disposal Date <b>02/05/2020</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Fay</b>	Title <b>Vice President of Operations</b>	Signature <i>Christina Fay</i>		Date <b>1/16/2020</b>	



2020-01-16 12:41

Shade Environmental 1 &gt;&gt; 609 633 0664

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

DOE - 10 DAY

JAN 22 2020

WAIVER APPROVED

Date of Notification (1) 01 / 16 / 20		Name of Building Owner/Operator (2) New Jersey Department of Military & Veterans Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road City, State, Zip Code Lawrenceville, NJ 08648 Name of Contact William McBride Telephone Number 609-630-7136							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sea Girt National Guard Training Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Camp Drive		City (5) Sea Girt							
County (5) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Government Building						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1263 North Church Street		Street Address 623 Outor Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stoeku		Telephone No. 856-840-8800	Telephone No. 856-755-0093						
Start Date (10) 01 / 20 / 20		Scheduled Completion Date (11) 01 / 24 / 20	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 _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.							
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
Infirmery (Room 127) Building 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	300 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 3	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 01/24/2020		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 1/16/2020			

ASB-41  
JAN 13

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



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

Date of Notification (1) <div style="text-align: center;">01 / 17 / 20</div>		Name of Building Owner/Operator (2) <b>Princeton University</b>	
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 <b>MacMillan Building</b>	
		City, State, Zip Code <b>Princeton, NJ 08543</b>	
		Name of Contact <b>Ryan Dickerson</b>	Telephone Number <b>609-258-6911</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Geophysical Fluid Dynamics Laboratory</b>		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 <b>201 Forrestal Road</b>			
City (5) <b>Princeton</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>
		Bldg. Age <b>80</b>	
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Laboratory</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>		
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>		
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>

Start Date (10) <div style="text-align: center;">02 / 03 / 20</div>	Scheduled Completion Date (11) <div style="text-align: center;">02 / 21 / 20</div>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
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 <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
1st Floor Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drywall Walls and Framing	5,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Main Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-on Fireproofing	100 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>120</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>02/21/2020</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Fay</b>		Title <b>Vice President of Operations</b>		Signature <i>Christina Fay</i>	Date <b>1/17/2020</b>



## State of New Jersey

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

*Inv #17510*  
*CK 1517 PAID*

Date of Notification (1) 01/17/2020		Name of Building Owner/Operator (2) City of Clifton	
Agencies Notified	Type Notification	Street Address 900 Clifton Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Clifton, NJ 07013	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Charles Longo c/o West End KB Builders & Developers	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number 732-389-3355	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Clifton Station No 5		Type of Facility (4)	
Street Address 51 Brighton Road		<input type="checkbox"/> School (K-12)	
City (5) Clifton		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Passaic		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		Square Feet 6,000	# of Floors 1
ASCM No. 00104	Bldg. Age 55+		
Street Address 655 West Shore Trail		Current Use (Prior if being demolished)	
City, State, Zip Code Sparta, NJ 07871		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Project Manager for Monitoring Firm Bill Kerbel		Street Address 32 Willow Way	License No. 01331
Telephone No. 973-729-5649		City, State, Zip Code Woodland Park, NJ 07424	
Start Date (10) 01/28/2020	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: Un-Occupied			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof - Base of Roof Perimeter, Drains, Curbs, Penetrations, Ect.	X			Roof Flashing	250 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1+	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Zhivko Nikolov	Title President	Signature 	Date 01/17/2020