

CK 21990

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:129)

Print Form

REC'D

JAN 24 2017

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/20/2017		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE MARKET STREET	Telephone Number N/A
		City, State, Zip Code ELMWOOD PARK, NJ 07407	
		Name of Contact ED KNAPICK	

Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY - BUILDING 37		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 36 MARKET STREET		Square Feet	# of Floors
City (5) ELMWOOD PARK		Bldg. Age	
County (8) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address		Street Address 11 VREELAND AVENUE	
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07612	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 1/21/2017	Scheduled Completion Date (11) 1/23/2017	Name of OSHA Monitor SAME AS (8) ABOVE	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

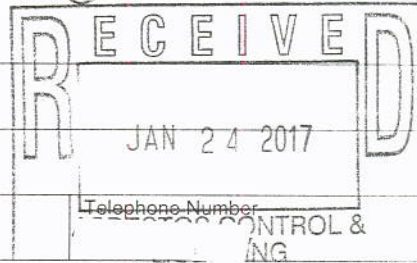
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥280 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SECTION 1R WAREHOUSE		X		PIPE INSULATION	10 LF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ	Disposal Date 1/23/2017	City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/20/2017

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

Check 16069



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)		
Street Address [REDACTED]		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Morristown		Square Feet 2300	# of Floors 2	Bldg. Age 70
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address 300 Grand Avenue		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-764-2276	License No. 703

Start Date (10) 1/28/17	Scheduled Completion Date (11) 1/31/17	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code		

Scope of Work (Check All That Apply)

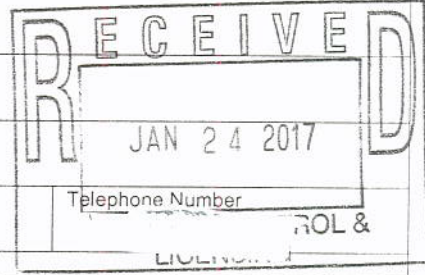
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Old Main Building Pump Room			x	elbow insulation	4 LF		x		
Vincent House			x	pipe insulation	10 LF		x		
Vincent House storage room			x	pipe insulation	25 LF		x		
Closter A2			x	pipe insulation	2 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 	Date 1/19/17	

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

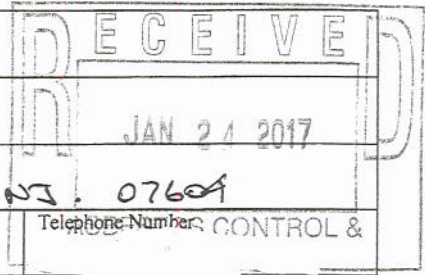
Check 16070



Date of Notification (1) 1/20/17		Name of Building Owner/Operator (2) Progressive Maintenance Inc								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3145 Bordentown Avenue City, State, Zip Code Parlin, NJ Name of Contact John Joseph Albert							
			Telephone Number _____							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 2100	# of Floors 2							
City (5) South River		Bldg. Age 67								
County (6) Middlesex	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) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703							
Start Date (10) 1/31/17	Scheduled Completion Date (11) 2/15/17	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			X	pipe insulation	100 LF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 				Date 1/20/17			

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

CK 3926



Date of Notification (1) 1/20/17		Name of Building Owner/Operator (2) MR. BOB HECK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code HASBROUCK HEIGHTS, NJ, 07604	
		Name of Contact MR. HECK	Telephone Number CONTROL &

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MR. BOB HECK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2200	# of Floors 2
City (5) HASBROUCK HEIGHTS		Bldg. Age 1940	
County (6) BERGEN	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River Street		
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601		
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388	

Start Date (10) 1/31/17	Scheduled Completion Date (11) 2/2/17	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM to 5:00 PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	

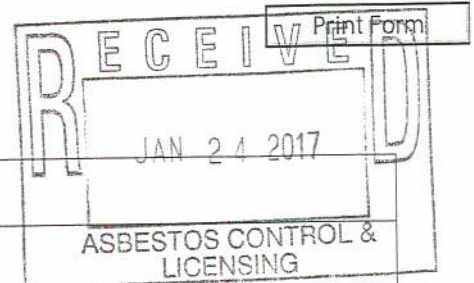
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				VAT	945#	X			

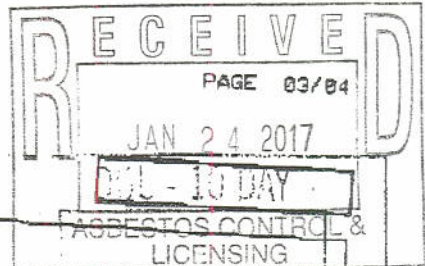
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 507	Name of Registered Landfill Minverva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 2/2/17	City, State Waynesburg, OH 44688		
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 1/20/17		

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



Date of Notification (1) 1/18/2017 Check # 2964		Name of Building Owner/Operator (2) Mrs. Cigdem Ozturk								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Hoboken, NJ 07030								
		Name of Contact Cigdem Ozturk	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Family Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet	# of Floors 3							
City (5) Jersey City, NJ 07307		Bldg. Age 50+								
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) EA Services Corporation								
Street Address		Street Address 426 69th Street								
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-295-1700	License No. 01074							
Start Date (10) 1/23/17	Scheduled Completion Date (11) 1/27/17	Name of OSHA Monitor Same as above								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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	
Attic		x		Insulation	50 SF	x				
Kitchen- 2nd Floor		x		Plaster debris on top of ceiling	100 SF	x				
Basement area		x		Pipe Insulation	5 LF		X			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill						
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA						
Completed by Gina Betances		Title Office Manager	Signature 	Date 1/18/2017						

01/18/2017 09:14AM 9736381778



Check#2696

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:15)

Date of Notification (1)
 01 / 18 / 17

Name of Building Owner/Operator (2)
 Jennifer Looi
 Street Address
 [Redacted]
 City, State, Zip Code
 Cliffside Park, NJ 07010

Agencies Notified
 EPA
 DOLWD
 DHSS
 DCA (NJAC 8:23-8)

Type Notification
 Initial
 Amended Amendment #
 Emergency (Including Justification)
 Cancellation

Name of Contact
 Jennifer Looi
 Telephone Number

APPROVED

Name of Facility Where Abatement is Taking Place (3)
 Private house
 Street Address
 [Redacted]
 City (5)
 Cliffside Park, NJ 07010
 County (6)
 Bergen
 County Code (7) (STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
 Street Address
 City, State, Zip Code

Name of Abatement Contractor (9)
 Gr Tech LLC
 Street Address
 376 Valley Rd #283
 City, State, Zip Code
 Wayne, NJ 07470
 Telephone No.
 973-638-1777
 License No.
 01127

Project Manager for Monitoring Firm Telephone No.

Start Date (10) 01 / 19 / 17 Scheduled Completion Date (11) 01 / 20 / 17

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM PM AM

Name of OSHA Monitor
 Envirovision Consultants, Inc
 Street Address
 20-21 Wagaraw Road, Bldg. # 35E
 City, State, Zip Code
 Fair Lawn, NJ 07410

Scope of Work (Check all that apply)
 >3 sf or >3 lf
 > 160 sf or >260 lf

Renovation
 Demolition

Clean up and decontamination with negative pressure
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure Tent with Negative Pressure
 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom-closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	10 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
 Gr Tech LLC
 City, State
 Wayne, NJ 07470

MOEPA Waste Hauler ID No.
 0033785

Cubic Yards of Waste
 TBD

Name of Registered Landfill
 T.R.R.F. Inc
 City, State
 Tullytown, PA

Disposal Date
 TBD

Completed By (Print or Type)
 N. Jevtic
 Title
 Owner

Signature
 N. Jevtic

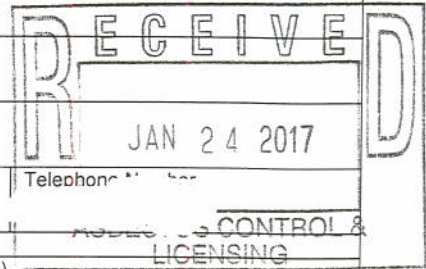
Date
 01/18/17

ASB-71
 MAY 11

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

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

CHECK #23780



Date of Notification (1) 01-19-17		Name of Building Owner/Operator (2) New Jersey Department of Transportation	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 440 Benigno, Suite A1	
		City, State, Zip Code Bellmawr, NJ 08031	
		Name of Contact Mr. Tobias Morello, RE	Telephone # _____

Name of Facility Where Abatement is Taking Place (3) Route 295 & 42 / I-76 Direct Connect			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Bellmawr, NJ 08031			Square Feet 2500SF	# of Floors 2	Bldg. Age 253 yrs.
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial		

Name of Monitoring Firm Hired by Building Owner (8) ACER Associates, LLC		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.		
Street Address 1012 Industrial Drive,		Street Address 200 Broad Street			
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Carlstadt, NJ 07072			
Project Manager for Monitoring Firm Matt DePalma		Telephone No. (856) 809-1202	Telephone No. 201-939-6565	License No. 00756	

Start Date (10) 01-30-17	Scheduled Completion Date (11) 04-30-17	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue			
		City, State, Zip Code Long Island City, NY 11101			

Scope of Work (Check All That Apply)

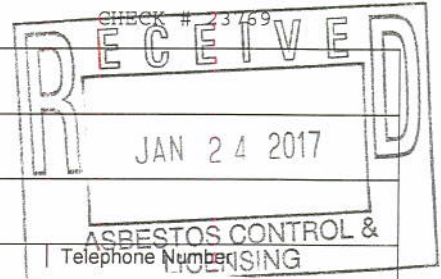
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			x	VAT & Mastic	250SF	x			
Roof			x	Roof Flashing	450SF	x			
Siding			x	Transite Shingles	800SF	x			
Bridge Base Rails			x	Caulk	208LF	x			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date TBD		City, State Pen Argyl, PA 18072	
Completed by Joseph Patrick		Title Project Manager	Signature 		Date 01-19-17

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

NO CK



Date of Notification (1) 01-19-17		Name of Building Owner/Operator (2) Monmouth University	
Agencies Notified	Type Notification	Street Address 400 Cedar Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Long Branch, NJ 07764-1898	
		Name of Contact Robert L. Cornero	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Monmouth University: Edison School of Science		Type of Facility (4)	
Street Address 400 Cedar Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West Long Branch		Square Feet ~59,000	# of Floors 3
County (6) Monmouth		Bldg. Age 1968	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academic	

Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address 3 Crosswicks Street		Street Address 200 Broad Street		
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Carlstadt, NJ 07072		
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. (609) 298-5520	Telephone No. 201-939-6565	License No. 00756

Start Date (10) 01-23-17(1)01-25-17	Scheduled Completion Date (11) 03-31-17	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>The Floor will be vacated for asbestos abatement</u>		City, State, Zip Code Long Island City, NY 11101	

Scope of Work (Check All That Apply)				OSHA Class II & Site Specific Variance			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<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		
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition						

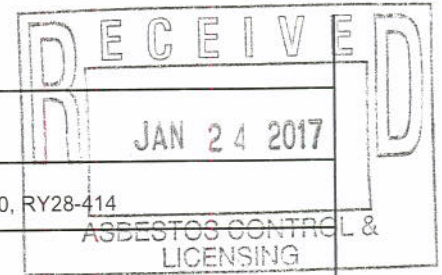
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level 3			x	Acoustical Ceiling Plaster	20,000SF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	

Completed by Richard Doran	Title Project Manager	Signature 	Date 01-19-17
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NO CK

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



Date of Notification (1)
 1 / 19 / 17

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
 Sandra M. Schenk

Telephone Number

Agencies Notified

<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 80Y LINK

Square Feet
 7,500

of Floors
 1

Bldg. Age
 38

City (5)
 RAHWAY

County (6)
 UNION

County Code (7)
 (STATE USE ONLY)

Current Use (Prior if being demolished)
 VACANT

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

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
 WILLIAM S. KERBEL, CIH

Telephone Number
 973-729-5649

Telephone Number
 845-369-7500

License Number
 1101

Expected State Date (10)
 1 / 9 / 17

Sched. Completion Date (11)
 1 / 19 / 17

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 7 AM- 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

Renovation

>3SF OR LF

>160 SF OR 260 LF

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	ENCAPSULE	ENCLOSURE
1ST FLOOR -THROUGHOUT			X	DUCT WORK FLANGES	800 LN. FT.	X			
1ST FLOOR -THROUGHOUT			X	COVE BASE MOLDING	200 LN. FT.	X			
ADDITION TO SCOPE:									
80 E ROOM 109 & 110			X	CEILING MASTIC	120 SQ. FT.	X			

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

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 30

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT SE
 447 ALEXANDER DRIVE/ROUTE 15

City, State
 FREEHOLD, NEW JERSEY

Disposal Date
 1/9/17-6/15/2017

City, State
 MONTGOMERY, PA 17752

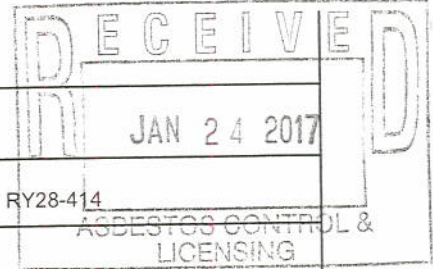
Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature

Date
 1/19/17

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



no CIC

Date of Notification (1)
 1 / 13 /16

Agencies Notified

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

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	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
 Sandra M. Schenk

Telephone Number

FACILITY INFORMATION

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

Type of Facility (4)

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

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 80Y LINK

Square Feet
 7,500

of Floors
 1

Bldg. Age
 38

City (5)
 RAHWAY

County (6)
 UNION

County Code (7)
 (STATE USE ONLY)

Current Use (Prior if being demolished)
 VACANT

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 / 9 /17

Sched. Completion Date (11)
 6 / 15 /17

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 7 AM- 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

Full Containment with Negative Pressure

Mini-Encl.

Glovebag Procedure

Renovation

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR -THROUGHOUT			X	DUCT WORK FLANGES	800 LN. FT.	X			
1ST FLOOR -THROUGHOUT			X	COVE BASE MOLDING	200 LN. FT.	X			
ADDITION TO SCOPE:									
80 E ROOM 109 & 110			X	CEILING MASTIC	120 SQ. FT.	X			

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

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 30

Name of Registered Landfill
 LYCOMING COUNTY RESOURCE MANAGEMENT SE
 447 ALEXANDER DRIVE/ROUTE 15

City, State
 FREEHOLD, NEW JERSEY

Disposal Date
 1/9/17-6/15/2017

City, State
 MONTGOMERY, PA 17752

Completed by (Print or Type)
 BENJAMIN SANCHEZ

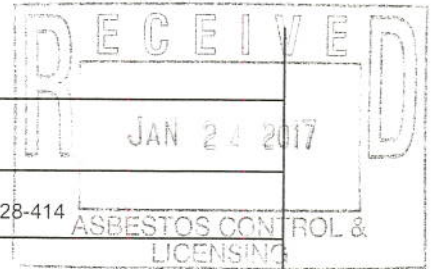
Title
 DIRECTOR OF OPERATIONS

Signature

Date
 1-13-17

NO CK

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



Date of Notification (1) 12 / 27 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code 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	Name of Contact Sandra M. Schenk	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80Y LINK		Square Feet 7,500	# of Floors 1	Bldg. Age 38
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT

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 126 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 LIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Scheduled State Date (10) 1 / 9 /17		Sched. Completion Date (11) 6 / 15 /17		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
Month	Day	Year	Month	Day

Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET		
<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 7 AM- 3:30 PM		City, State, Zip Code NEW YORK, NEW YORK 10016		

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

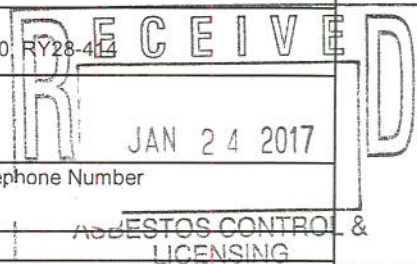
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
FLOOR -THROUGHOUT			X	DUCT WORK FLANGES	800 LN. FT.	X			
FLOOR -THROUGHOUT			X	COVE BASE MOLDING	200 LN. FT.	X			

Name of Registered Waste Hauler BEHOLD CARTAGE, INC. HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State BEHOLD, NEW JERSEY		Disposal Date 1/9/17-6/15/2017		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) JAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 		Date 12/27/16

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

30459

Date of Notification (1) 1 / 19 17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RAHWAY, NEW JERSEY 07065	
Type Notification		City, State, Zip Code 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	
		Name of Contact Sandra M. Schenk	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
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	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) 2 / 1 /17 Month Day Year	Sched. Completion Date (11) 10 / 30 /17 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7 AM- 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) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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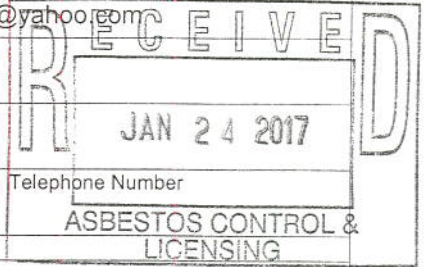
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND FLOOR LABS			X	BLACK GLUE DABS/SEALANT	330 SQ. FT.	X			
GROUND FLOOR LABS			X	COUNTER TOPS/SINKS	1,180 SQ. FT.	X			
GROUND FLOOR LABS			X	FIRE STOP PUTTY	231 LN. FT.	X			
GROUND FLOOR LABS			X	LAB HOODS	350 SQ. FT.	X			
GROUND FLOOR LABS			X	DOORS/LEAFS	375 SQ FT.	X			
GROUND FLOOR LABS			X	PIPE FITTINGS	46 LN. FT.	X			
GROUND FLOOR LABS			X	VAT & MASTIC	4,970 SQ. FT.	X			
GROUND FLOOR LABS			X	SOUND PROOF BATTING	750 SQ. FT.	X			
GROUND FLOOR LABS			X	GASBESTOS DUCT WORK	175 SQ. FT.	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 240	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 2/1-10/30/17	City, State MONTGOMERY, PA 17752

Completed by (Print or Type) Benjamin Sanchez	Title Director of Operations	Signature 	Date 1-19-17
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check 160602



Date of Notification (1) 1/16/17		Name of Building Owner/Operator (2) Sursappee Ramsaroop Ramsingh_suresh@yahoo.com	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City NJ 07302	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sursappee Ramsaroop	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City		Square Feet 2600	# of Floors 2
County (6) Hudson		Bldg. Age 70	
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) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703

Start Date (10) 1/25/17	Scheduled Completion Date (11) 2/24/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement and attic work</u>		City, State, Zip Code	

Scope of Work (Check All That Apply)

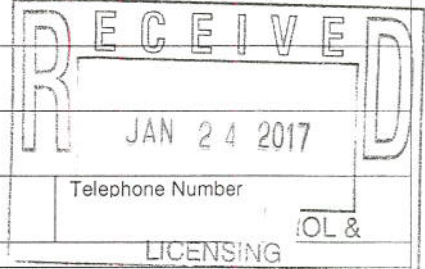
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	140 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 1/16/17

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

Check 16054



Date of Notification (1) 1/13/17		Name of Building Owner/Operator (2) Adam Portnoy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Plainfield, NJ 07060	
		Name of Contact Adam Portnoy	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Plainfield	Square Feet 2600	# of Floors 2	Bldg. Age 70
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703

Start Date (10) 1/24/17	Scheduled Completion Date (11) 2/24/17	Name of OSHA Monitor
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Occupancy Status During Abatement (Check Only One)	Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement and attic work</u>	City, State, Zip Code

Scope of Work (Check All That Apply)

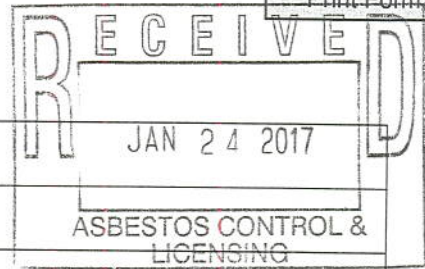
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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	3 LF		X		
attic			X	vermiculite	50 SF				

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 	Date 1/13/17	

CK 21368

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



Date of Notification (1) 1/16/17		Name of Building Owner/Operator (2) Pleasantville Board of Education	
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 801 Mill Road	
		City, State, Zip Code Pleasantville, NJ 08232	
		Name of Contact Elisha Thompkins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 209 W Washington Ave		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 209 W Washington Avenue		Square Feet >10,000	# of Floors 30+
City (5) Pleasantville		Bldg. Age	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address PO Box 365		Street Address 6626 Delilah Road		
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234		
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250	License No. 01172

Start Date (10) 2/1/17	Scheduled Completion Date (11) 2/10/17	Name of OSHA Monitor Health & Safety Services, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365		
		City, State, Zip Code Berlin, NJ 08009		

Scope of Work (Check All That Apply)

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

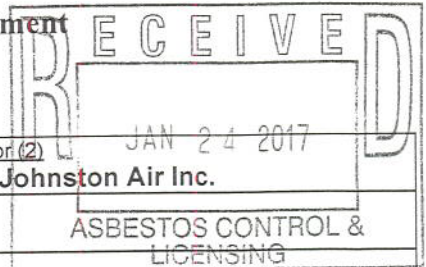
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	9x9 floor tile	2100 sf	X			
Throughout			X	12x12 floor tile	75 sf	X			
Throughout			X	Window Units	23	X			

Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill	
City, State Egg Harbor Township		Disposal Date 2/10/17	City, State Bristol, PA		
Completed by Eric Keys	Title OM	Signature 	Date 1/16/17		

State of New Jersey - Notification of Asbestos Abatement

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

CK12548



Date of Notification (1) January 17, 2017		Name of Building Owner/Operator (2) Mr. Thomas Hunka C/O Johnston Air Inc.	
Agencies Notified X EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Kearny NJ	
Name of Contact Thomas Hunka		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years	
City (5) Kearny	County (6) Hudson	County Code (7) (State Use Only)	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A		Street Address 511 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) January 28, 2017	Scheduled Completion Date (11) January 29, 2017	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe - Day Shift Other - Describe:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pipe & Fitting Insulation	Amount (Specify SF or LF) 140 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 2	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date January 29, 2017	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title Sr. PROJECT MANAGER	Signature <i>Marin Graure</i>	Date January 17, 2017

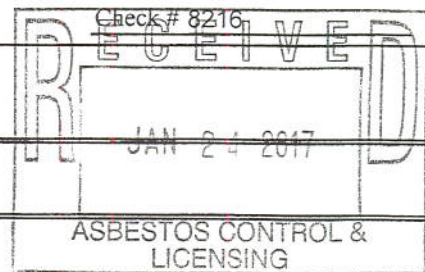
GAC # 2017-591

CK8216

B & G proj. #: 2017-08

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

*** EMERGENCY ***



Date of Notification (1)
 01/17/17

Name of Building Owner/Operator (2)
 Jessica Keown

Street Address
 [REDACTED]

City, State, Zip Code
 North Caldwell, NJ 07006

Name of Contact
 Jessica Keown

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 Jessica Keown

Street Address
 [REDACTED]

City (5)
 Morristown

County (6)
 Morris

County Code (7)
 (State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
 residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
 Street Address
 City, State, Zip Code

ASCM No.
 n/a

Name of Abatement Contractor (9)
 B & G Restoration, Inc.
 Street Address
 105 Ryerson Road
 City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 (973)696-6869

License Number
 00378

Project Manager for Monitoring Firm
 Phone Number

Name of OSHA Monitor
 B & G Restoration, Inc.
 Street Address
 105 Ryerson Road
 City, State, Zip Code
 LincolnPark, NJ 07035

Scheduled Start Date (10)
 01/18/2017

Sched. Completion Date (11)
 01/19/2017

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:

Scope of Work (check all that apply)

Demolition Renovation Full Containment w/negative pressure Glovebag procedure

>3 sf or >3 lf >160 sf or >260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	100 lf	X			

Registered Waste Hauler
 B & G Restoration, Inc.

NJDEP Hauler ID#
 19563

Cubic Yards of Waste
 2

Name of Registered Landfill
 Tullytown Resource & Recovery Center

City, State
 Lincoln Park, NJ

Disposal Date
 01/19/2017

City, State
 Tullytown, PA

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

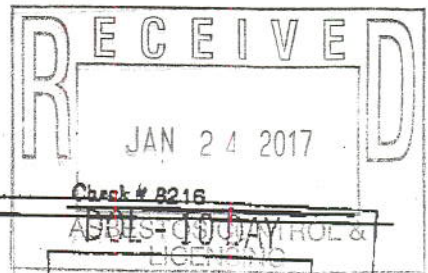
Signature
Gordana Luna

Date
 01/17/2017

CK8214

B & G proj. #: 2017-08

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



Date of Notification (1)
 01/17/17

Agencies Notified

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

Name of Building Owner/Operator (2)
 Jessica Keown

Street Address
 [REDACTED]

City, State, Zip Code
 North Caldwell, NJ 07006

Name of Contact
 Jessica Keown

Check # 8216

ADDS - CO DAY ROL & LICENSE

WAIVER APPROVED

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 Jessica Keown

Street Address
 [REDACTED]

City (5)
 Morristown

County (6)
 Morris

County Code (7)
 (State use only)

Type of Facility (4)

School (K-12)

Subchapter B (Other than K-12)

Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
 residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.
 n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 (973)696-8869

License Number
 00378

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
 01/18/2017

Sched. Completion Date (11)
 01/19/2017

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

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:

Scope of Work (check all that apply)

- Demolition Renovation
- ≥ 3 sf or ≥ 3 lf ≥ 150 sf or ≥ 250 lf
- Full Containment w/negative pressure Glovebag procedure
- Mini-enclosures Non-triable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	s	n	n
o	p	a	a
v	i	p	p
a	l	a	p
<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"/>

Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
					m	s	n	n
					o	p	a	a
					v	i	p	p
					a	l	a	p
		<input checked="" type="checkbox"/>	pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
 B & G Restoration, Inc.

City, State
 Lincoln Park, NJ

RUDEP Hauler ID#
 19563

Cubic Yards of Waste
 2

Disposal Date
 01/19/2017

Name of Registered Landfill
 Tullytown Resource & Recovery Center

City, State
 Tullytown, PA

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

Signature
Gordana Luna

Date
 01/17/2017

01/18/2017 04:38PM 9733458058

D&S RESTORATIO

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

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PAGE 02/04
JAN 24 2017

Ch. 6958

D&S Proj. #: 17-28

DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
WAIVER APPROVED

Date of Notification (1) 01/11/18 / 11/17		Name of Building Owner/Operator (2) jackie cash	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #:	Street Address [REDACTED]	
	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact jackie cash	Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 01/19/17	Sched. Completion Date (11) 02/10/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

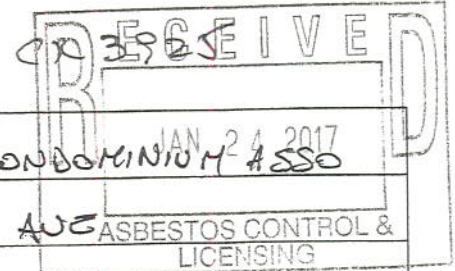
<input checked="" type="checkbox"/> >2 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >180 sf or >280 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (?) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage		X		BOILER INSULATION	40 sq ft	X			
garage		X		PIPE INSULATION	23 lf	X			
garage attic		X		chimney thimble packing	2 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/20/17		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/18/2017

CK3025

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



Date of Notification (1) 1/20/17		Name of Building Owner/Operator (2) BOULEVARD ARMS CONDOMINIUM ASSO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 203 HARRISON AVE	
		City, State, Zip Code JERSEY CITY, NJ. 07302	
		Name of Contact MR. RON STARCIC	Telephone Number

Name of Facility Where Abatement is Taking Place (3) BOULEVARD ARMS CONDOMINIUM ASSOCIATION			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 203 HARRISON AVE			Square Feet 10800	# of Floors 4	Bldg. Age 1940
City (5) JERSEY CITY			Current Use (Prior if being demolished) BLDG APT		
County (6) HUDSON		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Best Removal Inc	
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Street Address 450 South River Street		
City, State, Zip Code			City, State, Zip Code Hackensack, NJ 07601		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/30/17		Scheduled Completion Date (11) 1/31/17		License No. 00388	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM			Name of OSHA Monitor Omega Environmental		
			Street Address 280 Huyler Street		
			City, State, Zip Code South Hackensack, NJ 07606		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
3rd floor Bedroom Closet APT 31				THERMAL SYSTEM INSULATION	22LF	X				

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/29	Name of Registered Landfill Minverva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 1/31/17		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>	Date 1/20/17	

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JAN 24 2017

DOL 10 DAY 9353 ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:28 and 17:29)

Date of Notification (1) 1/18/17

Name of Building Owner/Operator (2) ROSS PATTERSHALE

Address (3) [REDACTED]

City, State, Zip Code HACKENSACK, N.J. 07601

Name of Contact ROSS PATTERSHALE

Telephone Number [REDACTED]

EPA
 DEP
 DER

DNR
 DCA

In Use
 Abandoned
 Emergency (including justification) [REDACTED]
 Construction

WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (4) RESIDENCE

Street Address [REDACTED]

City (5) HACKENSACK

County (6) Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (8)

School (K-12)
 Subchapter S (Other than K-12)
 Other (i.e. private & commercial business, home, etc.)

Number of Floors 1

Block Area 100

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (9) RESIDENT

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9)

Street Address 185 Vreeland Ave

City, State, Zip Code Midland Park NJ

Telephone No. (201)262-5841

License No. 00108

Work Date (10) 1/19/17

Scheduling Completion Date (11) 1/30/17

Occupancy Status During Abatement (Check Only One)

Facility Closed/Accessed During Normal Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

Name of OSHA Monitor Omega Environmental Services

Street Address 280 Huyler St.

City, State, Zip Code Hackensack, NJ 07606

Route of Work (Check All That Apply)

Interior Only
 Exterior Only
 Renovation/Removal

Full Containment with Negative Pressure
 Tent Enclosure
 Chrysalis Enclosure
 Non-Enclosed (i.e. full Non-Fractal Packaging)

Location of Asbestos Containing Material (ACM) to be Abated (12)	Is Location Normally Used Solely by Maintenance/Construction Staff (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other non-friable) (14)	Amount (Specify M ² or L ³) (15)	Abatement Type (16)		Endorsement
	Yes	No	N/A			Removal	Repair	
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>PAF 10/6000</u>	<u>45LF</u>		<input checked="" type="checkbox"/>	

Name of Registered Waste Handler Newark Carting Inc

City, State Newark, NJ

Authorized by Joseph Vogelburg

Title Vice President

NJOEP Waste Handler ID No. 04808

Major Type of Waste [REDACTED]

Manifest Date 1/18/17

Signature [Signature]

Name of Registered Landfill IESI PA Bethlehem Landfill Corp

City, State Bethlehem PA

Date 1/18/17

01/18/2017 07:19 2012620321

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PAGE 02/03
JAN 24 2017

DOL - 10 DAY 9340
ASBESTOS CONTROL & LICENSING

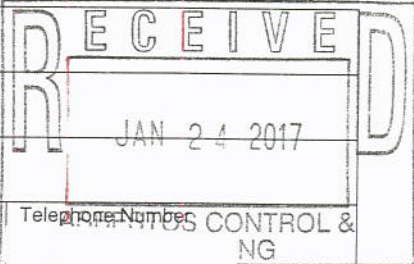
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1) 1/18/17		Name of Building Owner/Operator (2) CATHY McALLISSE					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code FAIR LAWN NJ 07410					
Name of Contact CATHY		Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) McALLISSE		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]		Squares Feet 1650					
City (5) FAIR LAWN		# of Floors 2					
County (6) BERGEN		Bidg. Age 62					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 185 Viewland Ave.					
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.					
Project Manager for Monitoring Firm		Telephone No. 201-262-6841					
Start Date (10) 1/18/17		License No. C0186					
Scheduled Completion Date (11) 1/21/17		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 280 Huyler Street					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 SF or 23 IF 2160 SF or 2280 IF		City, State, Zip Code Hackensack, N.J. 07806					
<input checked="" type="checkbox"/> Renovation Demolition		<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Gloving Procedure Non-Exempted (*) and Non-Fragile Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 110	Abatement Type			
				Yes	No	N/A	Removal
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, N.J. 07105		Disposal Date 1/18/17		City, State Pan Argy, PA 06072			
Completed by R. McDonald		Title President		Signature <i>[Signature]</i>		Date 1/18/17	

1669

Print Form

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



Date of Notification (1) 01/18/17		Name of Building Owner/Operator (2) K Hovnanian at Cedar Grove	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	110 Fieldcrest Ave.	Edison, NJ 08837
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact John Crane	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Essex County Hospital Bldg # 23		Type of Facility (4)	
Street Address 204 Grove Ave.		<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) Cedar Grove		Square Feet 50,000	# of Floors 4
County (6) Essex		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107
Start Date (10) 01/18/17	Scheduled Completion Date (11) 03/18/17	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wallington, Nj 07057	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			*	pipe insulation	4000lf.	*			
furnace room			*	furnace insulation	4500sf.	*			
furnace room			*	window caulk	60pcs.	*			
generator room			*	window caulk	95pcs.	*			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 200	Name of Registered Landfill GROWS	
City, State Newark, NJ		Disposal Date 03/19/17	City, State Morrisville, PA		
Completed by Leslaw Nalodka	Title President	Signature 	Date 01/18/17		

01/19/2017 11:05

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PAGE 02/03

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DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED

CK 9345

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

Date of Notification (1) 1/19/17		Name of Building Owner/Operator (2) JOE STATS BURG	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	MARLBOROUGH NJ, 07040
		Name of Contact A OAM	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JOE STATS BURG	Type of Facility (4)
Street Address [REDACTED]	<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
City (5) MARLBOROUGH	Square Feet 1450
County (6) ESSEX	# of Floors 2
County Code (7) (STATE USE ONLY)	Blgd. Age 62
Name of Monitoring Firm Hired by Building Owner (8)	Current Use (Prior if being demolished) RES

Street Address	ACM No.	Name of Abatement Contractor (9)
City, State, Zip Code		A. Mac Contracting Inc.
Project Manager for Monitoring Firm	Telephone No.	Street Address
		185 Vreeland Ave.
		City, State, Zip Code
		Midland Park, N.J.
	Telephone No.	Telephone No.
		201-262-5841
		License No.
		00156

Start Date (10) 1/19/17	Scheduled Completion Date (11) 1/27/17	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)		Omega Environmental Services Inc.
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		280 Huyler Street
<input type="checkbox"/> Other - Describe:		City, State, Zip Code
		Hackensack, N.J. 07608

Scope of Work (Check All That Apply)

23 sf or less if 2780 sf or less if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure

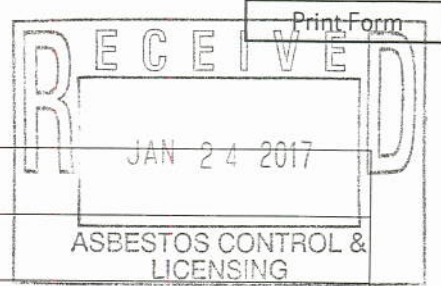
Location of Asbestos Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems (insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
KITCHEN			X	PLASTER	376 SF X	X			

Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, N.J. 07105	Disposal Date 1/19/17	City, State Pen Argyl, PA 06072	
Completed by R. McDonald	Title President	Signature [Signature]	Date 1/19/17

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

CK21978

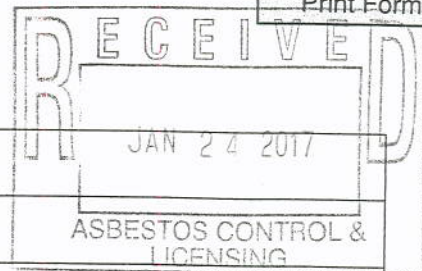
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/20/2017		Name of Building Owner/Operator (2) CLIFTON PUBLIC SCHOOLS								
Agencies Notified	Type Notification	Street Address 745 CLIFTON AVENUE								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07013								
		Name of Contact AL MARCHIONE	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) SCHOOL #16		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 755 GROVE STREET		Square Feet	# of Floors							
City (5) CLIFTON		Bldg. Age								
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ELEMENTARY SCHOOL								
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
Street Address PO BOX 385		Street Address 11 VREELAND AVENUE								
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm DONNA D'ERRICO		Telephone No. 609-652-1833	Telephone No. 973-956-8700							
			License No. 00494							
Start Date (10) 2/1/2017	Scheduled Completion Date (11) 2/17/2017	Name of OSHA Monitor SAME AS (9) ABOVE								
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: Exterior; Work Hrs: 3:30 PM - 1AM		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
EXTERIOR		X		WINDOW CAULKING	1,471 LF	X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State TOTOWA, NJ		Disposal Date 2/17/2017		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 1/20/2017			

CK5935

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



Date of Notification (1) 1/20/17		Name of Building Owner/Operator (2) Joshua Felbauer Private Home								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Margate City NJ 08402								
		Name of Contact Josh	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Joshua Felbauer Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1							
City (5) Margate City NJ 08402		Bldg. Age 35+								
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 1/31/17	Scheduled Completion Date (11) 2/3/17	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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 siding			x	exterior siding	1000 SF	x				
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 4	Name of Registered Landfill ACUA						
City, State West Berlin NJ			Disposal Date 2/3/17	City, State Egg Harbor Twp NJ 08234						
Completed by Anthony T Perna		Title President	Signature 				Date 1/20/17			

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

CHECK# 1674

Date of Notification (1) 01/20/2017		Name of Building Owner/Operator (2) FLAUM MANAGEMENT COMPANY INC.		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; font-weight: bold;">JAN 24 2017</div>
Agencies Notified	Type Notification	Street Address 400 ANDREWS STREET SUITE 500		
		City, State, Zip Code ROCHESTER NEW YORK 14620		
<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	Name of Contact ASHER FLAUM		

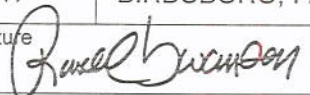
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL SPACE - VACANT PATHMARK		Type of Facility (4)	
Street Address 949 CHURCH ROAD		<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) CHERRY HILL		Square Feet 48,000	# of Floors 1
County (6) CAMDEN		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676
Start Date (10) 02/06/2017		Scheduled Completion Date (11) 02/28/2017	License No. 01145
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL	
<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 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

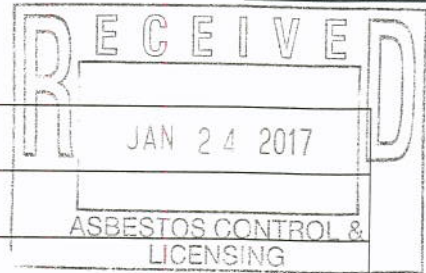
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
GROUND FLOOR			X	MASTIC	43,415 SF	X			
SECOND FLOOR HALLWAY			X	NF1 FLOOR TILE	150 SF	X			
SECOND FLOOR UTILITY AREA				NF1 FLOOR TILE	50 SF	X			

Name of Registered Waste Hauler DAVID GEPPERT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill WESTERN BERKS LANDFILL	
City, State PHILADELPHIA PA			Disposal Date 03/01/2017	City, State BIRDSBORO, PA	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 01/20/2017	

CK 1233

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



Date of Notification (1) 1/19/2017		Name of Building Owner/Operator (2) Immaculate Conception High School	
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 33 Cottage Place	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Tony Miscia	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Immaculate Conception High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 33 Cottage Place		Square Feet n/a	# of Floors n/a	Bldg. Age n/a
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) n/a	

Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 1130 W Chestnut Street		Street Address PO Box 734		
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Woodland Park, NJ 07424		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298	License No. 01266

Start Date (10) 1/30/2017	Scheduled Completion Date (11) 2/28/2017	Name of OSHA Monitor Amax Contracting LLC		
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Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 734		
		City, State, Zip Code Woodland Park, NJ 07424		

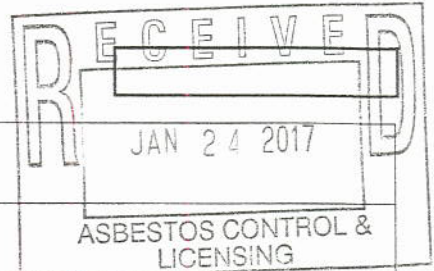
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	40 LF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 3	Name of Registered Landfill GROWS	
City, State Woodland Park, NJ		Disposal Date 2/28/17		City, State Morrisville, PA	
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 1/19/2017

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



Check#2699

Date of Notification (1) 01 / 20 / 17		Name of Building Owner/Operator (2) Raymond Spieczynski	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Raymond Spieczynski	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Bloomfield, NJ 07003		Square Feet	# of Floors
County (6) Essex		County Code:(7) (STATE USE ONLY)	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 01 / 29 / 17	Scheduled Completion Date (11) 01 / 30 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg .# 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 If	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 If	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

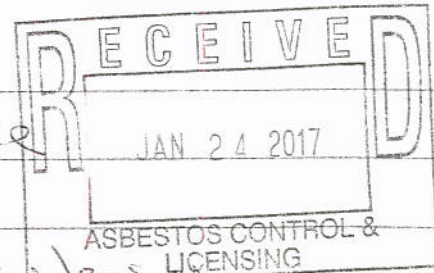
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 01/20/17

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

CH#3088

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



Date of Notification (1)
1/20/17

Name of Building Owner/Operator (2)
Passes Residence

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation

Street Address: [Redacted]

City, State, Zip Code: Manasquan, New Jersey

Name of Contact: Cara

Telephone Number: [Redacted]

FACILITY INFORMATION

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

Street Address: [Redacted]

City (5): Manasquan

County (6): Monmouth

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: 2000, # of Floors: 2, Bldg. Age: 50+

Current Use (Prior if being demolished): Residence

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

ASCM No.:

Name of Abatement Contractor (9): Ace Insulation Co., Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck, New Jersey

Telephone No.: 732 294 1757, License No.: 00029

Start Date (10): 1/30/17, Scheduled Completion Date (11): 2/3/17

Occupancy Status During Abatement (Check Only One): Other - Describe: 7AM-7PM

Name of OSHA Monitor:

Street Address:

City, State, Zip Code:

Scope of Work (Check All That Apply):

≥3 sf or ≥3 lf, ≥160 sf or ≥260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior (kitchen and pantry)			X	flooring	400 LF	X			

Name of Registered Waste Hauler: Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 2

Name of Registered Landfill: Chriss Landfill

City, State: Colts Neck, New Jersey

Disposal Date: 2/3/17

City, State: Easton, PA

Completed by: Bree McGuire, Title: Secretary Treasurer

Signature: [Signature]

Date: 1/20/17

CR# 3086

Emergency - Residential

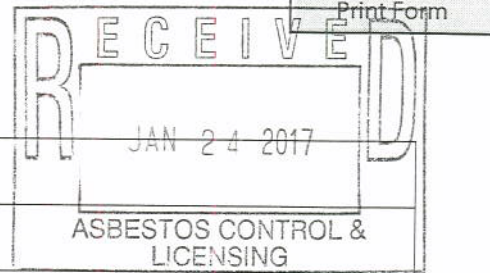
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/20/17		Name of Building Owner/Operator (2) Chris Morley								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Sea Bright, New Jersey 07760								
		Name of Contact Joe	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Morley Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 1800	# of Floors 1							
City (5) Sea Bright		Bldg. Age 65								
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Rd								
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722								
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029							
Start Date (10) 1/23/17	Scheduled Completion Date (11) 1/25/17	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
exterior			X	mastic on bricks	1500sf	X				
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill IESI						
City, State Newark, New Jersey		Disposal Date 1/25/17		City, State Bethlehem, PA						
Completed by Bree McGuire		Title Secretary Treasurer		Signature 			Date 1/20/17			

CH10031188

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



Date of Notification (1) 01/20/2017		Name of Building Owner/Operator (2) Margaret Wierzbicki	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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	[REDACTED] City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Margaret Wierzbicki	Telephone Number

FACILITY INFORMATION

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) South Orange	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.	Telephone No. 973-345-8685	License No. 01311

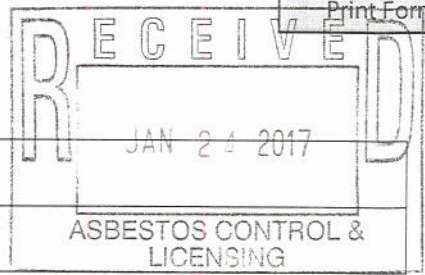
Start Date (10) 01/30/2017	Scheduled Completion Date (11) 01/31/2017	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 01/20/2017



CH1245013334

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

Date of Notification (1) 01/20/2017		Name of Building Owner/Operator (2) Rachel Friedman	
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"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Rachel Friedman	Telephone Number _____

FACILITY INFORMATION

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) 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.	Telephone No. 973-345-8685	License No. 01311

Start Date (10) 01/31/2017	Scheduled Completion Date (11) 02/01/2017	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: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

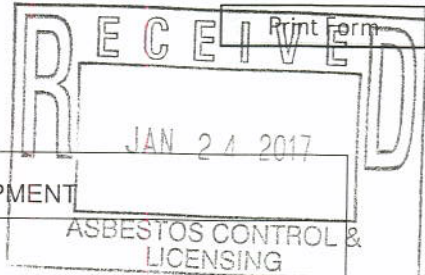
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	40 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 01/20/2017	

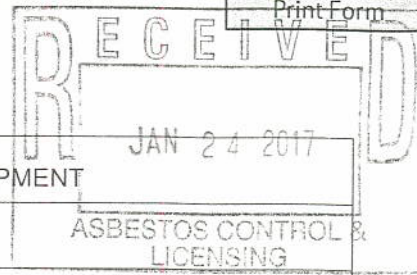
NO CK

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



Date of Notification (1) 1/20/2017		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 420		City, State, Zip Code TRENTON, NJ 08625				
			Name of Contact AL PAYNE			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE & GARAGE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address D&R CANAL STATE PARK - [REDACTED]			Square Feet	# of Floors	Bldg. Age				
City (5) FRANKLIN TOWNSHIP			Current Use (Prior if being demolished)						
County (6) SOMERSET		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 1/10/2017	Scheduled Completion Date (11) 2/6/2017		Name of OSHA Monitor SAME AS (9) ABOVE						
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>VACANT</u>			Street Address						
			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 checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED						<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 2/6/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 1/20/2017			

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

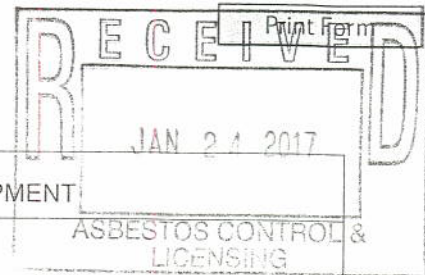


NO CK

Date of Notification (1) 1/3/2017		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 420 City, State, Zip Code TRENTON, NJ 08625							
			Name of Contact AL PAYNE	Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE & GARAGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address D&R CANAL STATE PARK - [REDACTED]		Square Feet	# of Floors							
City (5) FRANKLIN TOWNSHIP		Bldg. Age								
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE								
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700							
			License No. 00494							
Start Date (10) 1/10/2017	Scheduled Completion Date (11) 1/23/2017	Name of OSHA Monitor SAME AS (9) ABOVE								
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>VACANT</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SEE ATTACHED						X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State TOTOWA, NJ			Disposal Date 1/23/2017	City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 1/3/2017						

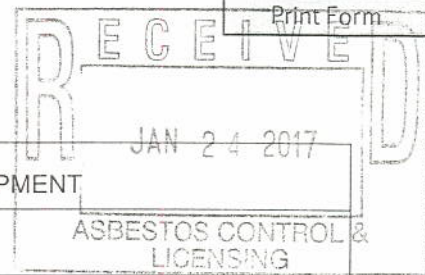
NO CK

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



Date of Notification (1) 12/22/2016		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 420								
		City, State, Zip Code TRENTON, NJ 08625								
		Name of Contact AL PAYNE	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE & GARAGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address D&R CANAL STATE PARK - [REDACTED]		Square Feet	# of Floors							
City (5) FRANKLIN TOWNSHIP		Bldg. Age								
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE								
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700							
			License No. 00494							
Start Date (10) ON HOLD	Scheduled Completion Date (11) 1/6/2017	Name of OSHA Monitor SAME AS (9) ABOVE								
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: VACANT		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	
SEE ATTACHED						X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State TOTOWA, NJ			Disposal Date 1/6/2017	City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 12/22/2016			

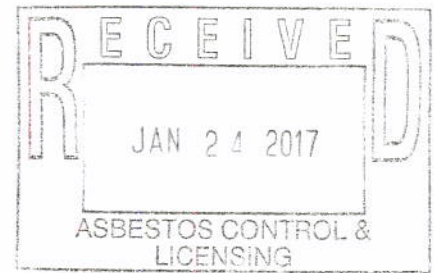
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



NO CK

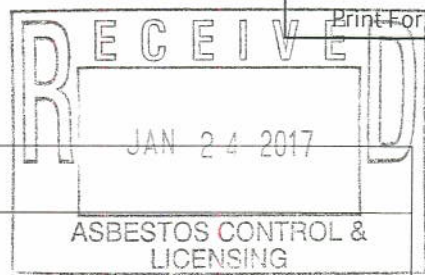
Date of Notification (1) 12/12/2016		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 420 City, State, Zip Code TRENTON, NJ 08625							
			Name of Contact AL PAYNE Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENCE & GARAGE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address D&R CANAL STATE PARK - [REDACTED]		Square Feet	# of Floors							
City (5) FRANKLIN TOWNSHIP		Bldg. Age								
County (6) SOMERSET	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE								
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512								
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700							
		License No. 00494								
Start Date (10) 12/27/2016	Scheduled Completion Date (11) 1/6/2017	Name of OSHA Monitor SAME AS (9) ABOVE								
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: VACANT		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
SEE ATTACHED						X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State TOTOWA, NJ		Disposal Date 1/6/2017		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 12/12/2016			

NJDEP
 D&R Canal State Park
 13 April Lane
 Franklin Township, NJ 08873



Residence, ██████████ Franklin Township, NJ		
Material	Location	Quantity
Drywall Joint Compound	Throughout 1 st Floor & Stairwell	5,800 SF
Floor Tile & Assoc. Mastic (multi-layer tile)	101, 101A, 105, 105A, 106, 106A, 108, 108A, 108B, 108C, H102	1,067 SF
Brown Adhesive Associated with Wood Wall Paneling	103	264 SF
Grey Cementitious Wall Panels	001	45 SF
Black Tar Wrapped Pipe Insulation	001	5 LF
Corrugated Paper Pipe Insulation	001	80 LF
Black Tar Flashing at Chimney & Vents	Exterior Roof	16 SF
Window Glazing	Exterior/Windows	27 Units/36 LF per
Duct (Imbedded in Concrete Slab)	Buried in Concrete Slab	140 LF

Garage, 13 April Lane, Franklin Township, NJ		
Material	Location	Quantity
Black Mineral Coat Rolled Roofing	Exterior Roof	550 SF
Black Tar Flashing at Roof Edges	Exterior Roof	100 LF



CK21990

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

Date of Notification (1) 1/20/2017
Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY
Agencies Notified: EPA, DEP, DOL, DOH, DCA
Type Notification: Initial, Amended, Amendment #, Emergency (including justification), Cancellation
Street Address: ONE MARKET STREET
City, State, Zip Code: ELMWOOD PARK, NJ 07407
Name of Contact: ED KNAPIK
Telephone Number:

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY - BUILDING 37
Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 35 MARKET STREET
City (5): ELMWOOD PARK
County (6): BERGEN
County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished):

Name of Monitoring Firm Hired by Building Owner (8) N/A
ASCM No.
Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address: 11 VREELAND AVENUE
City, State, Zip Code: TOTOWA, NJ 07512
Project Manager for Monitoring Firm
Telephone No.
License No. 00494

Start Date (10) 1/21/2017
Scheduled Completion Date (11) 1/23/2017
Name of OSHA Monitor SAME AS (9) ABOVE
Occupancy Status During Abatement (Check Only One):
[X] Facility Closed/Vacated During Entire Period of Abatement
[] Abatement Performed Outside of Normal Facility Hours
[] Other - Describe:

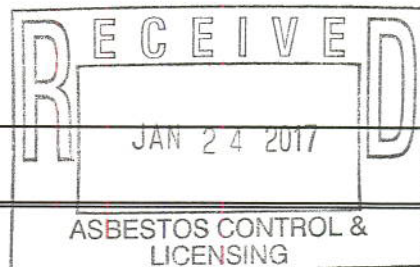
Scope of Work (Check All That Apply)
[X] ≥3 sf or ≥3 lf
[] ≥160 sf or ≥260 lf
[X] Renovation
[] Demolition
[X] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[] Non-Exempted (*) and Non-Friable Procedure

Table with 5 columns: Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13), Is Location Normally Used Solely by Maintenance/Custodial Staff? (12), Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous), Amount (Specify SF or LF), Abatement Type (Removal, Repair, Encapsulate, Enclosure). Row 1: SECTION 1R WAREHOUSE, X, PIPE INSULATION, 10 LF, X.

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING
NJDEP Waste Hauler ID No. 18743
Cubic Yards of Waste 2
Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ
Disposal Date 1/23/2017
City, State MORRISVILLE, PA
Completed by VIVECA RAMOS
Title PROJECT COORDINATOR
Signature
Date 1/20/2017

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

D&S Proj. #: 17-28



Date of Notification (1) <u>10/1/18</u> / <u>1/17</u>		Name of Building Owner/Operator (2) <u>jackie cash</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>WESTFIELD, NJ 07090</u>	
		Name of Contact <u>jackie cash</u>	Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address		Street Address <u>20 California Ave.</u>		
City, State, Zip Code		City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>
Start Date (10) <u>01/19/17</u>	Sched. Completion Date (11) <u>02/10/17</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				
Name of OSHA Monitor <u>D & S Restoration, Inc.</u>			Street Address <u>20 California Avenue</u>	
			City, State, Zip Code <u>Paterson, NJ 07503</u>	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage		<input checked="" type="checkbox"/>		BOILER INSULATION	40 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage		<input checked="" type="checkbox"/>		PIPE INSULATION	23 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage attic		<input checked="" type="checkbox"/>		chimney thimble packing	2 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 yds.</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>01/20/17</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>01/18/2017</u>