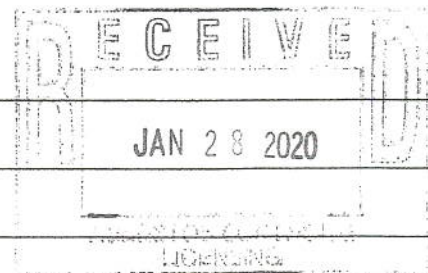


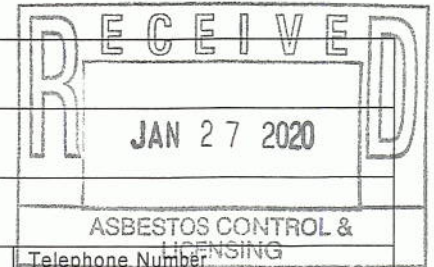
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 01-17-2020		Name of Building Owner/Operator (2) Denise Payne		JAN 28 2020					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Maplewood NJ 07040 Name of Contact dENISE pAYNE					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				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 NJ 07079				Square Feet n/a	# of Floors N/A				
County (6) Essex				Bldg. Age N/A					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. _____		Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 01-27-2020		Scheduled Completion Date (11) 02-27-2020		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 734					
<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 Woodland Park NJ 07424					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	ceiling plaster	1000 SF	x			
1st Floor			x	entire wall and ceiling plaster	3000 SF	x			
2nd Floor			x	entire wall and ceiling plaster	3000 SF	x			
3rd Floor			x	entire wall and ceiling plaster	1800 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 90 CY	Name of Registered Landfill Fairless Hills				
City, State Amax Contracting LLC				Disposal Date 03-05-2020	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 01-17-2020			

CK10433

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12-126)

Check No. **6433**

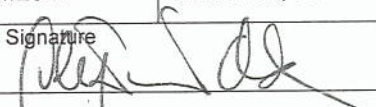
Date of Notification (1) January 22, 2020		Name of Building Owner/Operator (2) PA of NY & NJ					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 241 Erie Street	City, State, Zip Code Jersey City, NJ 07302				
		Name of Contact Ralph Campione	Telephone Number 973-624-6898				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Aircraft Blast Fence Adjacent to Terminal A, Connector A1		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 Newark Liberty International Airport		Square Feet 5,000	# of Floors N/A				
City (5) Newark		Bldg. Age 25+					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Aircraft Blast Fence					
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue					
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120				
Start Date (10) February 03, 2020	Scheduled Completion Date (11) May 01, 2020	Name of OSHA Monitor EMSL Analytical, 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: Full Containment Occupied Building		Street Address 200 Route 130 N					
		City, State, Zip Code Cinnaminson, NJ 08077-2892					
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) 500 In ft	Abatement Type		
	Yes	No			N/A	Removal	Repair
Aircraft Blast Fence Adjacent to Terminal A, Connector A1	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking	NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 278	Name of Registered Landfill Cumberland County Landfill / Minerva Enterprises, Inc. / Fairless Landfill				
City, State Bronx, NY		Disposal Date 02/04/2020 to 05/08/20	City, State Newburg / Falls Township, Buck Co., PA				
Completed by G. Roger Woodman	Title Project Manager	Signature 	Date 1/22/2020				

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

Inv# 17580


CK 001558

PAID

Date of Notification (1) 1/24/2020		Name of Building Owner/Operator (2) City of Perth Amboy		Check# C1558				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency including justification <input type="checkbox"/> Cancellation		Street Address 260 High Street		JAN 28 2020			
			City, State, Zip Code Perth Amboy, New Jersey 08861					
			Name of Contact Daniel Cleaver			Telephone Number 732-826-2010		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) City Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 260 High Street								
City (5) Perth Amboy, New Jersey 08861			Square Feet 30,000	# of Floors	Bldg. Age 50+			
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Apartment Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 31 W. 34 th Street, 8 th floor		Street Address 246 Union Boulevard						
City, State, Zip Code New York, New Jersey 10001		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 973-265-9763	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 1/25/2020	Scheduled Completion Date (11) 1/27/2020		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West					
			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>								
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
First Floor	x		Cleanup-Disturbance of vinyl Tiles	2500 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey 07512			Disposal Date 1/27/2020	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President	Signature 		Date 1/24/2020			

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

JAN 28 2020

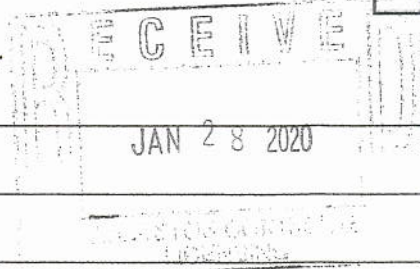
Date of Notification (1) 1/24/2020		Name of Building Owner/Operator (2) City of Perth Amboy		Check# 11858					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency Including Justification <input type="checkbox"/> Cancellation		Street Address 260 High Street City, State, Zip Code Perth Amboy, New Jersey 08861 Name of Contact Daniel Cleaver					
				Telephone Number 732-826-2010					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) City Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial) buildings, homes, etc.)						
Street Address 260 High Street			Square Feet 30,000						
City (5) Perth Amboy, New Jersey 08861			# of Floors 50+		Bldg. Age 50+				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Apartment Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 31 W. 34th Street, 8th floor		City, State, Zip Code New York, New Jersey 10001		Street Address 246 Union Boulevard City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 973-285-9763		Telephone No. 973-225-8400					
License No. 01104		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Start Date (10) 1/25/2020		Scheduled Completion Date (11) 1/27/2020		Street Address 2333 Route 22 West					
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: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 / Limited Containment Tent <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
First Floor	X			Cleanup-Disturbance of vinyl Tiles	2500 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey 07512		Disposal Date 1/27/2020		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 1/24/2020			

CK029

Inv# 17643

PAID

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

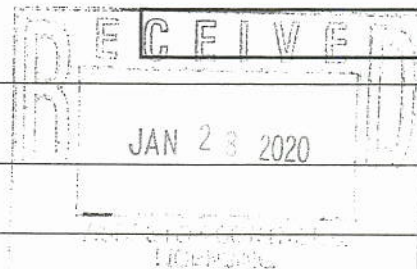


Date of Notification (1) 01-23-2020		Name of Building Owner/Operator (2) Sahil Khetarpal		JAN 28 2020					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [Redacted] City, State, Zip Code Elmwood Park NJ 07407 Name of Contact Sahil Khetarpal Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				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) Elmwood Park NJ 07407				Square Feet N/A	# of Floors N/A				
County (6) Beren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Dwelling					
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734		City, State, Zip Code Woodland Park NJ 07424					
City, State, Zip Code Brooklyn NY 11233		Telephone No. 347-241-7673		Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 02-03-2020		Scheduled Completion Date (11) 02-22-2020		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 734					
<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 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 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 back sunroom wall			x	transite siding	100 SF	x			
2ND FLOOR			X	VAT	140 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 5 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 02-28-2020	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 01-23-2020			

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

Check#3539



Date of Notification (1) 01 / 24 / 20		Name of Building Owner/Operator (2) Deirdre Watson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Cranford, NJ 07016	
Name of Contact Deirdre Watson		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Cranford, NJ 07016		County Code (7) (STATE USE ONLY)	
County (6) Union		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-356-3511	
Start Date (10) 01 / 25 / 20		License No. 01127	
Scheduled Completion Date (11) 01 / 26 / 20		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 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
1st floor-living room and den	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	200 SF+100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor-bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	200 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		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 01/24/20	

24.01.2020 03:13 PM

CK1333
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Inv#17578

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PAGE. 2/3

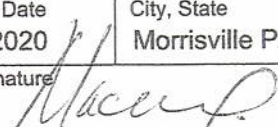
JAN 28, 2020

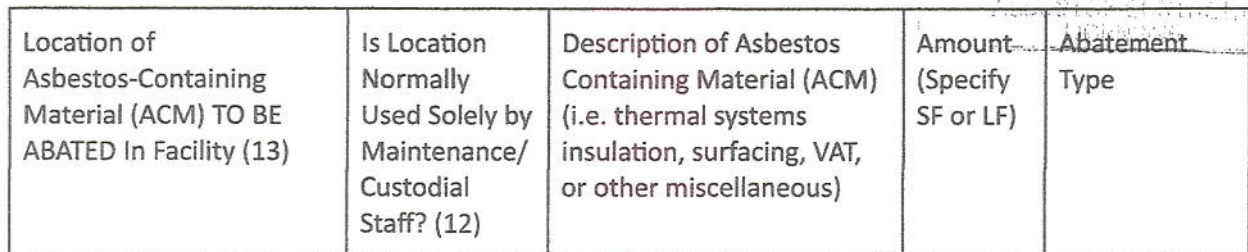
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

DOL - 10041333

Date of Notification (1) 1/24/20		Name of Building Owner/Operator (2) MRS. RENNIE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment II <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code TEANECK NJ 07605							
Name of Contact DOMINIQUE		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MRS. RENNIE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1450							
City (5) TEANECK		# of Floors 2							
County (6) BERKESEL		Bldg. Age 84							
County Code (7) (STATE USE ONLY)		Current Use (If not 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 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. 201-262-6541							
Telephone No.		License No. 00158							
Start Date (10) 1/25/20		Scheduled Completion Date (11) 1/31/20							
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, NJ 07608							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Erable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Encasement
BASMENT			X	PIPE	10 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04609		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 1/25/20		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature [Signature]		Date 1/24/20			

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

Date of Notification (1) 01-23-2020		Name of Building Owner/Operator (2) Wire Solution LLC		JAN 23 2020					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	104 Demarest Rd							
		City, State, Zip Code Sparta NJ 07461							
		Name of Contact Neil Zimmermann		Telephone Number 973-670-2436					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4)						
Street Address 266 West Main St			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Denville NJ 07834			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Done Right Testing		ASCM No. _____		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 168 Lafayette St		Street Address PO BOX 734							
City, State, Zip Code Hawthorne NJ 07506		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Steve Scoles		Telephone No. 347-241-7673		Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 02-10-2020		Scheduled Completion Date (11) 03-10-2020		Name of OSHA Monitor Amax Contracting LLC					
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: _____			PO BOX 734						
			City, State, Zip Code Woodland Park NJ 07424						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	550 LF	x			
1st Floor			X	VAT & Mastic	1840 SF	x			
1st Floor			x	pipe insulation	160 LF	x			
1st Floor			x	wall&ceiling plaster	3544 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 50 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 03-28-2020	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 01-23-2020			



Rem	Rep	Encap	Encl
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2nd Floor		x	wall&ceiling plaster	8440 SF	x			
2nd Floor		x	VAT & Mastic	120 SF	X			
Basement		x	VAT & Mastic	926 SF	x			
Exterior		x	window &door caulk	561 LF	x			

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Inv #17522

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

DOL - 10 DAY

JAN 23 2020

Date of Notification (1) 1/22/20		Name of Building Owner/Operator (2) Perona Farms		DOL - 10 DAY	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 350 Andover Sparta Road	
		City, State, Zip Code Sparta, NJ 07671		Telephone Number 973-870-1884	
		Name of Contact Jim Eakin			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Perona Farms				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 350 Andover Sparta Road				Square Feet 10000	
City (5) Sparta				# of Floors 3	
County (6) Sussex				Bldg. Age 1940	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Banquet Hall	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 185 Vreeland Ave	
City, State, Zip Code				City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 1/23/20		Scheduled Completion Date (11) 1/31/20		License No. 00158	
Name of OSRA Monitor Omega Environmental Services, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 260 Huyler Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> < 3 sf or < 23 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (specify SF or LF)
	Yes	No	N/A		
2 ROOMS			X	TILE	400 SF X
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04509		Cubic Yards of Waste 20	
City, State Newark, NJ 07105		Disposal Date 1/23/20 On		Name of Registered Landfill SUSSEX COUNTY MHA	
Completed by R. McDonald		Title President		Signature [Signature] Date 1/22/20	

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

PAID

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8262

Date of Notification 1/17/2020 Type Notification		Name of Building Owner / Operator (2) Flo Park Associates		
Agencies Notified EPA DEP X DOL X DOH DCA	X Emergency Notification Initial Notification Amended Notification Cancellation	Street Address 182 Ridgedale Ave		
		City, State & Zip Code Florham Park, NJ 07932		
		Name of Contact Manny Verma		Telephone Number 973-243-7004
		<div style="text-align: center;">FACILITY INFORMATION</div>		
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 182 Ridgedale Ave		Square Feet 7000	# of Floors 1	Bldg. Age 70+
City (5) Florham Park	County (6) Morris	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 1/18/20	Scheduled Completion Date (11) 1/28/20		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> X Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM X Quantity is ≥ 160 SF or ≥ 260 LF ACM X Full Containment with Negative Pressure Mini-Enclosure Glove-bag Procedure Other: Clean up				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Main Floor	N/A	Floor tile	6,000 SF	Removal
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill Fairless Landfill
City, State Trenton, NJ		Disposal Date 1/28/20	City, State Fairless Hills, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>		Date 1/17/2020

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

RECEIVED
JAN 28 2020

Check#3540

Date of Notification (1) 01 / 24 / 20		Name of Building Owner/Operator (2) Joe Britt	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Fanwood, NJ 07023	
Name of Contact Joe Britt		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Fanwood, NJ 07023		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.)	
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-356-3511	License No. 01127
Start Date (10) 01 / 26 / 20	Scheduled Completion Date (11) 01 / 27 / 20	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 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input checked="" type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	430 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 01/24/20

ASB-41

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

01/23/2020 04:58PM 2013297440

BEST REMOVAL INC

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

Date of Notification (1) 1/23/20		Name of Building Owner/Operator (2) MR PEDRO REYES		JAN 23 2020	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> BOD <input type="checkbox"/> BOC	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 UPPER MONTCLAIR, NJ 07043	Telephone Number	
Name of Contact MR REYES					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR PEDRO REYES			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)		
Street Address [REDACTED]			Square Feet 2000	# of Floors 2	Bldg. Age 1940
City UPPER MONTCLAIR			Current Use (Prior to being demolished) RESIDENCE		
County (5) BERGEN			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)		ACM No.	Name of Abatement Contractor (6) Best Removal Inc		
Street Address			Street Address 450 South River St		
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444		
Start Date (10) 1/24/20		Scheduled Completion Date (11) 1/24/20	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 or Other - Describe: 8:00AM TO 5:00PM			Name of OSHA Monitor Omega Environmental		
Scope of Work (Check all that apply) <input type="checkbox"/> 1-5 of or 3 ft <input type="checkbox"/> 1-5 of or 2-20 ft			Street Address 280 Huyler St		
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code S. Hackensack, N.J. 07606		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF, or LB) 75 LB X
			THERMAL SYSTEM INSULATION		
Name of Registered Waste Hauler Best Removal Inc		Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill LANCASTER COUNTY LANDFILL	
City, State Hackensack, N.J. 07601		Disposal Date 1/27/20	City, State NEW BURG, PA. 17240		
Completed by J. MAIORANO		Title Estimator	Signature <i>[Signature]</i>		Date 1/23/20

MS-41

Do not use this form for asbestos abatement involving a building.

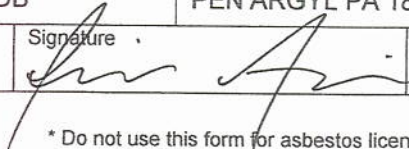
Inv# 17398

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

RECEIVED

JAN 28 2020

CK0343 PAID

Date of Notification (1) 1/14/2020 check # 0343		#02	Name of Building Owner/Operator (2) JAN 28 2020						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 108 FIRST AVE City, State, Zip Code HAWTHORNE NJ 07407 Name of Contact BILL ELETTO Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 108 FIRST 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.)						
City (5) HAWTHORNE NJ 07407			Square Feet 50X100	# of Floors 2 FL					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OCCUPAID						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD NJ 07407							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 873 9418	License No. 01301					
Start Date (10) 01/16/2020		Scheduled Completion Date (11) 01/17/2020		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING					
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: START 7:00am to 5:00pm			Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ 07407						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			X	VERMICULITE	800SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA 18072				Disposal Date TDB	City, State PEN ARGYL PA 18072				
Completed by LUIS ARCILA		Title PRESIDENT		Signature 	Date 01/14/2020				

Inv#17571

PAID

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

CK 35086

Date of Notification (1) 1 / 23 /2020		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE , PO BOX 2000, RY28-414	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification		Name of Contact KINNARI PATEL	
<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 732-594-6352	

JAN 28 2020

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)	
Street Address 126 EAST LINCOLN AVENUE -EXTERIOR PIPE RACK		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	# of Floors
Street Address 655 WEST SHORE TRAIL		Bldg. Age	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Expected State Date (10) 1 / 26 /20 Month Day Year		Street Address 313 SPOOK ROCK ROAD	
Sched. Completion Date (11) 1 / 26 /20 Month Day Year		City, State, Zip Code SUFFERN, NEW YORK 10901	
Occupancy Status During Abatement (Check only one)		Telephone Number 845-369-7500	
<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: SUNDAY 7AM-5PM		License Number 1101	
Scope of Work (Check all that apply)		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		Street Address 117 EAST 30TH STREET	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure (EXTERIOR)		City, State, Zip Code NEW YORK, NEW YORK 10016	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR STEAM PIPE BETWEEN BUILDINGS 55 & 32			X	PIPE INSULATION	4 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	Disposal Date 1/26/2020	Signature [Signature]	Date 1/23/20			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS							

Inv# 17645
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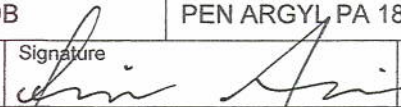
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
JAN 28 2020
3-8161

Date of Notification (1) 01 / 24 / 20		Name of Building Owner/Operator (2) Walters Residential							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1600							
City (5) Surf City		# of Floors 1							
County (6) Ocean		Bldg. Age 65							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 02 / 05 / 20		License No. 00624							
Scheduled Completion Date (11) 02 / 06 / 20		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 02/06/20		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 1/24/20			

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

RECEIVED
JAN 23 2020

Date of Notification (1) 1/15/2020 CHECK #0344		#03		Name of Building Owner/Operator (2) JAN 23 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12 EGBERT HILL RD					
				City, State, Zip Code MORRISTOWN NJ 07960					
		Name of Contact LESLI MAIETTA		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 12 EGBERT HILL RD				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) MORRISTOWN NJ 07960				Square Feet 50X100	# of Floors 2FL				
County (6) MORRIS COUNTY				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) EMPTY FOR DEMOLISH				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING					
Street Address			Street Address 24 CHURCH ST						
City, State, Zip Code			City, State, Zip Code ELMWOOD NJ 07407						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-873 9418	License No. 01301				
Start Date (10) 01/20/2020		Scheduled Completion Date (11) 01/21/2020		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:30PM				Street Address 24 CHURCH ST					
				City, State, Zip Code ELMWOOD NJ 07407					
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
BASEMENT, 1ST FL			X	PEPER INSULATION	80 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING			NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA 18072			Disposal Date TDB		City, State PEN ARGYL PA 18072				
Completed by LUIS ARCILA			Title PRESIDENT		Signature 		Date 01/15/2020		

CK 65813
1491-02

PAID

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

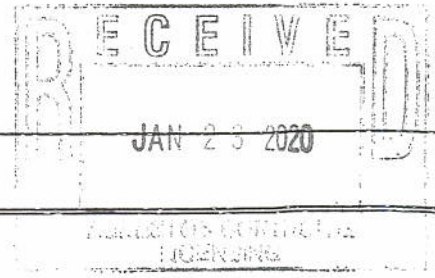
RECEIVED
JAN 27 2020

Date of Notification (1) 01 / 23 / 2020		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1001 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Johnson and Johnson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1001 US-202									
City (5) RARITAN	Square Feet >50,000	# of Floors 6	Bldg. Age						
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 02 / 06 / 2020	Scheduled Completion Date (11) 03 / 31 / 2020	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00 AM- 11:00 PM/ ____ PM- ____ AM Monday-Sunday		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B West 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	9,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B West 2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B West 3rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and Mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste <small>Type text here</small>	Name of Registered Landfill Minerva landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>				Date 1/23/2020			

Proj. #: 20-29

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

PAID



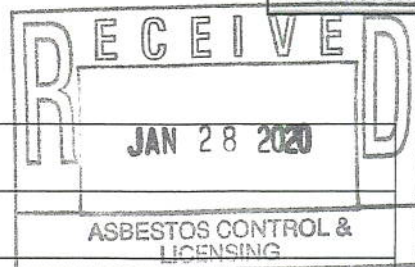
Date of Notification (1) 01/12/2020		Name of Building Owner/Operator (2) Marcon Ridgewood, LLC	
Agencies Notified	Type Notification	Street Address 79 Chestnut St.	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ridgewood, NJ 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Eloy Quero	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number 973-447-5675	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Commercial Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 40 West Ridgewood Ave.			Square Feet 3,800 SF		
City (5) Ridgewood, NJ 07450	County (6) Bergen	County Code (7) (State use only)	# of Floors 02	Bldg. Age 80	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 01/30/2020		Sched. Completion Date (11) 02/12/2020	Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply)				<input checked="" type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition			
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						
Main Building Attic		<input checked="" type="checkbox"/>		Vermiculite	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Bldg. Attic		<input checked="" type="checkbox"/>		Vermiculite	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Bldg. Boiler Room		<input checked="" type="checkbox"/>		Ceiling Paper Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annex Bldg. Crawl Space		<input checked="" type="checkbox"/>		Debris Clean Up	600 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"/>
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 30 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by (Print or Type) Paige Boylan		Title Owner		Signature 			Date 01/20/2020		

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1) 01/24/2020		Name of Building Owner/Operator (2) Residence		Street Address [REDACTED]		City, State, Zip Code Union, NJ		Name of Contact Joseph Reyes		Telephone Number	
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		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address [REDACTED] City (5) Union County (6) Union County Code (7) (STATE USE ONLY)							
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1,100		# of Floors 2		Bldg. Age 80		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services							
Street Address PO Box 354		City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue		City, State, Zip Code Hillside, NJ 07205		Project Manager for Monitoring Firm Sarah Calandra Telephone No. 201-349-2666			
Start Date (10) 02/14/2020		Scheduled Completion Date (11) 02/29/2020		Name of OSHA Monitor A. Seine Lighthouse Solutions		License No. 01316		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure			
BASEMENT		X		PIPE WRAP		20 LF		X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA							
Completed by Alison Lamers		Title Office Manager		Signature 		Date 01/24/2020					

CK 9851 Inv-17549 State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:20-7)
Emergency - NO HEAT

RECEIVED
JAN 28 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
01/12/2020

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Beverly Clark

Street Address
[REDACTED]

City, State, Zip Code
Bayonne, NJ 07002

Name of Contact
Beverly Clark

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Beverly Clark

Street Address
[REDACTED]

City (5)
Bayonne

County (6)
Hudson

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)
[REDACTED]

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Scheduled Start Date (10)
01/27/2020

Sched. Completion Date (11)
01/28/2020

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

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
☐ ≥160 sf or ≥260 lf

☐ wrap & cut
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ 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
	Yes	No	N/A					
basement			X	Pipe insulation	73 lf	X		

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
01/28/2020

City, State
Pen Argyl, PA

Completed by (Print or Type)
Gordana Luna

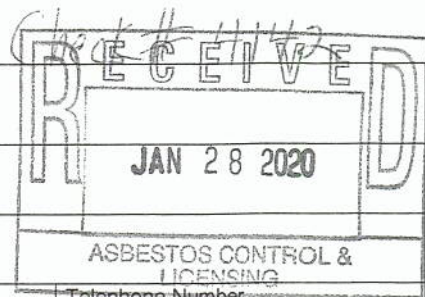
Title
Secretary/Treasurer

Signature
Gordana Luna

Date
01/23/2020

INV-17551
CK4142

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) <u>1</u> / <u>23</u> / <u>20</u>		Name of Building Owner/Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State, Zip Code Lawrenceville, NJ 08648 Name of Contact Walter Eddy	
		Telephone Number 609-896-5080	

FACILITY INFORMATION

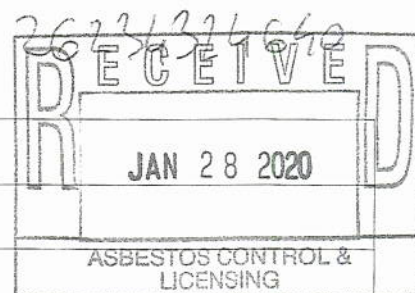
Name of Facility Where Abatement is Taking Place (3) Rider University - BLC Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road		Square Feet 75,000	
City (5) Lawrenceville		# of Floors 2	Bldg. Age 50
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc	
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Brian Clark	Telephone No. 856-656-2944	Telephone No. 610-239-9920	License No. 0398
Start Date (10) <u>1</u> / <u>28</u> / <u>20</u>	Scheduled Completion Date (11) <u>2</u> / <u>21</u> / <u>20</u>	Name of OSHA Monitor Plymouth Environmental Company, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>9:00</u> PM/____PM-____AM		Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
dark room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster ceiling	400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dark room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	91SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dark room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe fittings	5LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
art gallery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe fittings	251LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
art gallery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster ceiling	540SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
art gallery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ceiling skim coat	3001LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
art gallery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots	1,500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill	
City, State Voorhees, NJ 08043			Disposal Date 2/21/20	City, State Moorisville, PA	
Completed By (Print or Type) James M. Kelly	Title Vice President	Signature 		Date 1/23/2020	

Inv-17585
NO 26234324640

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



Date of Notification (1) January 24, 2020		Name of Building Owner/Operator (2) The Hampshire Companies, LLC						
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 22 Maple Avenue		City, State, Zip Code Morristown, NJ 07960						
Name of Contact Project Manager		Telephone Number 201-336-0477						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Tulnoy Lumber Site		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 90-120 Raskulnecz Road, #3		Square Feet						
City (5) Carteret		# of Floors						
County (6) Middlesex		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) empty						
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No.						
Street Address 1600 Manor Drive, Suite 220		Name of Abatement Contractor (9) Super, LLC						
City, State, Zip Code Chalfont, PA 18914		Street Address 203 Belmont Ave.						
Project Manager for Monitoring Firm Jeremy Hassett		City, State, Zip Code Haledon, NJ 07508						
Telephone No. (215) 712-2700		Telephone No. (201) 673-5392						
License No. 01195		Name of OSHA Monitor Super, LLC						
Start Date (10) 1/27/20		Scheduled Completion Date (11) 1/27/21						
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 203 Belmont Ave.						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Haledon, NJ 07508						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) TBD	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
underground		X			X			
Name of Registered Waste Hauler Super, LLC		NJ DEP Waste Hauler ID No. WH16329		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management		
City, State Haledon, NJ		Disposal Date 1/27/21		City, State Tullytown, PA		Date 1/24/20		
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 1/24/20		

INV-17583
CK 2430

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

R	RECEIVED	D
	JAN 27 2020	
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) 1/20/20		Name of Building Owner/Operator (2) SRI	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Road City, State, Zip Code Princeton, NJ 08540 Name of Contact Christine Lester Telephone Number 609-989-7208	

Name of Facility Where Abatement is Taking Place (3) SRI		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 201 Washington Road		Square Feet	# of Floors
City (5) Princeton, NJ 08540		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No. 01059	Name of Abatement Contractor (9) Crem Ridge Environmental	
Street Address P.O. Box 341		Street Address 15 Blackforest Road	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Hamilton NJ 08691	
Project Manager for Monitoring Firm MECS	Telephone No. 609-218-3420	Telephone No. 609-890-7110	License No.

Start Date (10) 1-21-20	Scheduled Completion Date (11) 1-22-20	Name of OSHA Monitor MECS
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 341 City, State, Zip Code Crosswicks, NJ 08515

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 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		
				Removal	Repair	Encapsulate
Private Office	Yes	VAT	800 SF			

Name of Registered Waste Hauler J. Vlach + Sons	NJDEP Waste Hauler ID No. 09590	Cubic Yards of Waste 5	Name of Registered Landfill Grows
City, State P.O. Box 5465 Trenton, NJ 08638		Disposal Date	City, State
Completed by David D'Andrea	Title Owner	Signature <i>[Signature]</i>	Date 1/20/20