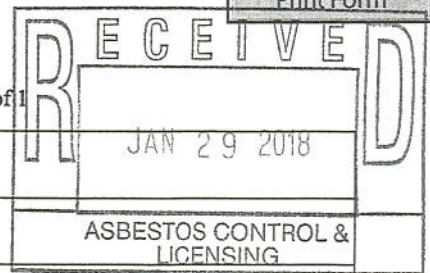


GL16-004  
CypressState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1



Date of Notification (1) 1/25/2018		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Gina Mayer-Costa							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cypress Building College Park Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 505 Ramapo Valley Road		Square Feet 21,054	# of Floors 3						
City (5) Mahwah		Bldg. Age 47							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College Apartments							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc		ASCM No. 00112	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 344 West State Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609.656.8101	License No. 01084						
Start Date (10) 1-16-2018	Scheduled Completion Date (11) 4-15-18	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartments A-V & Mechanical Rm		X		Drywall and Joint Compound	73,799 SF	X			
Apartments A-V & Mechanical Rm		X		Stud/Joist Adhesive	36,846 LF	X			
Apartments A-V		X		Resilient Floor Coverings	5,907 SF	X			
Name of Registered Waste Hauler RED Technologies LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomfield, CT			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 1-25-2018			



CH1389

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

Print Form

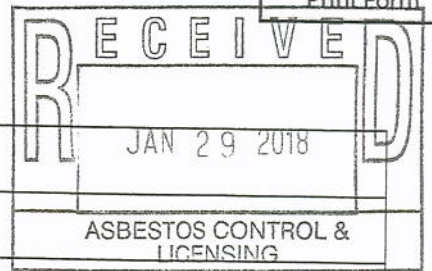
**RECEIVED**

JAN 29 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/26/18		Name of Building Owner/Operator (2) Charles Kordula							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodcliff Lake, NJ 07677							
		Name of Contact Charles Kordula	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodcliff Lake		Square Feet 1870	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 70 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/5/18	Scheduled Completion Date (11) 2/9/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
1st Fl		X		Pipe Wrap	64 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature		Date 1/26/18			





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

Date of Notification (1) 1/26/18		Name of Building Owner/Operator (2) Enid Huskiewicz							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Enid Huskiewicz	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Hackensack		Square Feet 1790	# of Floors 2						
County (6) Bergen		Bldg. Age 70 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address _____		Street Address 280 N. Midland Ave.							
City, State, Zip Code _____		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 201-600-3184						
Start Date (10) 1/29/18		Scheduled Completion Date (11) 2/1/18	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor _____							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	217 SF	x			
Basement		x		Mastic	217 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 1/26/18		



PAID

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

B &amp; G proj. #: 2018-33

Check # 8803

Date of Notification (1) 10/11/12/15/18		Name of Building Owner/Operator (2) Tree Realty, LLC c/o Mandelbaum & Mandelbaum		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JAN 20 2018  NEW JERSEY DEPARTMENT OF  ENVIRONMENTAL PROTECTION  ASBESTOS CONTROL &amp;  LICENSING </div>
Agencies Notified	Type Notification	Street Address 80 Main Street, Suite 510		
<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"/> Amendment <input type="checkbox"/> ON HOLD <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052		
		Name of Contact Steven Meola		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Building # 3			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 475 Division Street			Square Feet    # of Floors    Bldg. Age		
City (5) Elizabeth, NJ 07027	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) warehouse building		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/09/2018		Sched. Completion Date (11) 02/24/2018	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<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: _____			City, State, Zip Code Lincoln Park, NJ 07035		

## 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☒ Glovebag procedure☒ 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						
throughout warehouse building			<input checked="" type="checkbox"/>	pipe insulation	1,170 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/09/18 - 02/26/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/25/2018



B &amp; G proj. #: 2018-29

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

Check # 8800

Date of Notification (1) <u>10/11/2018</u>		Name of Building Owner/Operator (2) Linnea DeJaager		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 5px;">JAN 29 2018</div> <div style="margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Linnea DeJaager		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Linnea DeJaager			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Morristown, NJ 07960	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 02/05/2018		Sched. Completion Date (11) 02/06/2018	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
attic entrance			X	vermiculite	62 sf	X			
basement			X	ceiling tiles	48 sf	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 02/07/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/24/2018



B &amp; G proj. #: 2018-28

PAID

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

Check # 8799

Date of Notification (1)

01/12/18

Name of Building Owner/Operator (2)

[REDACTED] LLC

Street Address

[REDACTED]

City, State, Zip Code

South Orange, NJ 07079

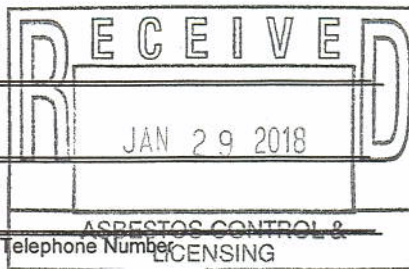
Name of Contact

Adam Altamore

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residence

Street Address

[REDACTED]

City (5)

Millburn

County (6)

Essex

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)

ASCM No.

n/a

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

B &amp; 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 &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

LincolnPark, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

02/3/2018

Sched. Completion Date (11)

02/05/2018

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						
House/garage exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	transite siding	1350 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
5Name of Registered Landfill  
Tullytown Resource & Recovery CenterCity, State  
Lincoln Park, NJDisposal Date  
02/05/2018City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

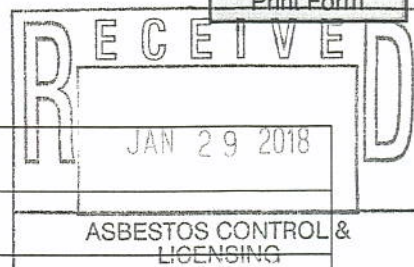
Gordana Luna

Date

01/24/2018



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



Date of Notification (1) 01/25/2018		Name of Building Owner/Operator (2) Ed Hill	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newfoundland, NJ 07435	
		Name of Contact Ed Hill	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Newfoundland		# of Floors	Bldg. Age
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Removal Safety LLC	
Street Address		Street Address 8 Crosby Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502	
Project Manager for Monitoring Firm		Telephone No. 973-400-8711	License No. 01332
Start Date (10) 02/06/2018	Scheduled Completion Date (11) 02/09/2018	Name of OSHA Monitor Removal Safety 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: 8:00am - 5:00pm		Street Address 8 Crosby Ave	
		City, State, Zip Code Paterson, NJ 07502	

## 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
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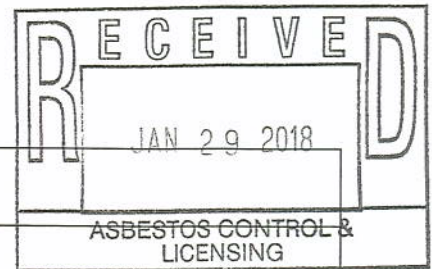
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main floor			x	Floor Tiles	240 sf	x		x	

Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North	
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Risto Veskov		Title Project Mngr	Signature <i>Risto Veskov</i>	Date 01/25/2018	



CH 2405

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



Date of Notification (1) <b>01 / 26 / 18</b>		Name of Building Owner/Operator (2) <b>County of Essex</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>465 Dr. Martin Luther King Blvd.</b>		City, State, Zip Code <b>Newark, NJ 07102</b>							
Name of Contact <b>Rasheed Yusuf</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Newark</b>				Square Feet	# of Floors				
County (6) <b>Essex</b>				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>				Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>				
Start Date (10) <b>02 / 05 / 18</b>		Scheduled Completion Date (11) <b>02 / 26 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>27 Outwater Lane</b>					
				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>12 Joints</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Black Flashing</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC / Century Waste LLC / All Pro Management, LLC</b>		NJDEP Waste Hauler ID No. <b>SW-24310/32797/989</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises/G.R.O.W.S. North Landfill/Fairless Landfill</b>				
City, State <b>Shirley NY / Elizabeth, NJ / Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH / Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>1/26/18</b>		

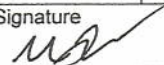


**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:50 and 12:20)

**RECEIVED**

JAN 29 2018

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 1/25/2018		Name of Building Owner/Operator (2) Jeh Johnson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Jeh Johnson	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jeh Jonson's Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	License No. 01336						
Start Date (10) 1/29/2018	Scheduled Completion Date (11) 2/25/2018	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Bathroom		X		Pipe insulation	22 LF	X			
1st Floor Living room		X		Pipe insulation	20 LF	X			
2nd Floor Kitchen		X		Duct Insulation	32 SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company				
City, State				Disposal Date	City, State Melville, NY 11747				
Completed by Darko Raloski		Title Project Manager		Signature 			Date 1/25/2018		



069895

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

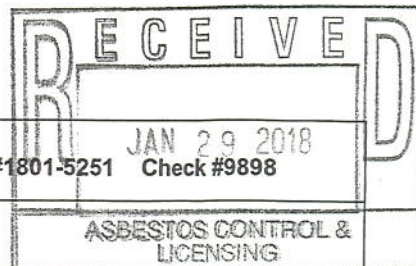
<b>RECEIVED</b>	
JAN 29 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1 / 25 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1712-5241 Check #9895							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Eric Lorenzon</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Moorestown</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>300 New Albany Rd.</b>		Square Feet							
City (5) <b>Moorestown, NJ 08055</b>		# of Floors							
County (6) <b>Burlington</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Control House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>00529</b>						
Start Date (10) 2 / 12 / 18	Scheduled Completion Date (11) 3 / 30 / 18	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar & paper flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof #5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Cement Board	12,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof #3 and #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar & paper flashing	550 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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Camden, NJ</b>		Disposal Date <b>3/30/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gwendolyn Trumbetti</i>			Date <b>1/25/18</b>		



Ch 9898

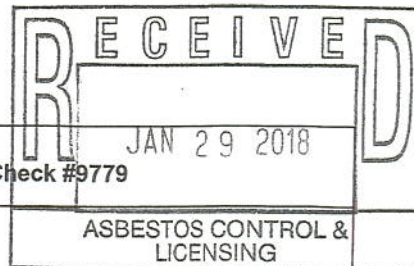
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 1 / 26 / 18		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1801-5251		Check #9898	
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 <b>One Robert Wood Johnson Place</b> City, State, Zip Code <b>New Brunswick, NJ 08901</b> Name of Contact <b>Kristen Bell</b>	
Telephone Number 					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital- Acute Building</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>One Robert Wood Johnson Place</b>				Square Feet	
City (5) <b>New Brunswick</b>				# of Floors	
County (6) <b>Middlesex</b>				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>			
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone No. <b>201-489-8700</b>		License No. <b>00529</b>	
Start Date (10) 1 / 26 / 18		Scheduled Completion Date (11) 2 / 5 / 18		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/4PM- _____ AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)	
		Yes No N/A		Amount (Specify SF or LF)	
G Level Hallway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Double layer Floor tile	
G Level Hallway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Single layer Floor tile	
G Level Hallway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Mastic	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/5/18</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Tullytown, PA</b>		Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	
Signature <i>Gwendolyn Trumbetti</i>		Date <b>1/26/18</b>			



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



Date of Notification (1) <b>1 / 26 / 18</b>		Name of Building Owner/Operator (2) <b>Millburn Public Schools / Job #1801-5249 Check #9779</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>434 Millburn Ave.</b> City, State, Zip Code <b>Millburn, NJ 07041</b> Name of Contact <b>Carlos Edmundo</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Glenwood ES</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>325 Taylor Rd.</b>		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) <b>Short Hills, NJ 07078</b>		County (6) <b>Essex</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Companies</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>							
Start Date (10) <b>2 / 8 / 18</b>		Scheduled Completion Date (11) <b>2 / 16 / 18</b>							
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: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>EMSL Analytical</b>							
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		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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>1950 Wing Classrooms 16-19 &amp; Boys/Girls Restrooms</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/16/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>1/26/18</b>		



NOCK

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

RECEIVED  
JAN 29 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/26/18		Name of Building Owner/Operator (2) CSX Transportation							
Agencies Notified	Type Notification	Street Address 500 Water Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact Mark Connors							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Railyard - Raritan Corrdior Line		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 900 Green Lane		Square Feet	# of Floors 1						
City (5) Union, NJ 07083		Bldg. Age 60+							
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) AECOM		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 4840 Cox Road		Street Address 102 Technology Lane							
City, State, Zip Code Glen Allen, VA 23060		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Mark Connors		Telephone No. 732-672-7519	License No. 01121						
Start Date (10) 01/08/2018	Scheduled Completion Date (11) 01/26/2018	Name of OSHA Monitor AECOM							
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 4840 Cox Road							
		City, State, Zip Code Glen Allen, VA 23060							
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 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
Railcar GACX 54336			X	Caulking	2160	IF			
Railcar IFTX 92098			X	Caulking	100	IF			
Railcar GACX 54338			X	Caulking	1760	IF			
Railcar GACX 54325			X	Caulking	1600	IF			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill				
City, State Trenton, New Jersey				Disposal Date 1/26/18	City, State Morrisville, PA				
Completed by Jessica Wolfe		Title Admin. Support		Signature <i>Jessica Wolfe</i>		Date 1/26/2018			



NO CK

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

Print Form	
<b>RECEIVED</b>	JAN 29 2018
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/26/18 - PAGE 2		Name of Building Owner/Operator (2) CSX Transportation	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street	
		City, State, Zip Code Jacksonville, FL 32202	
		Name of Contact Mark Connors	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Railyard - Raritan Corrdior Line		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 900 Green Lane		Square Feet	# of Floors 1
City (5) Union, NJ 07083		Bldg. Age 60+	
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) AECOM		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.
Street Address 4840 Cox Road		Street Address 102 Technology Lane	
City, State, Zip Code Glen Allen, VA 23060		City, State, Zip Code Export, PA 15632	
Project Manager for Monitoring Firm Mark Connors		Telephone No. 732-672-7519	Telephone No. 724-325-3330
Start Date (10) 01/08/2018		Scheduled Completion Date (11) 01/26/2018	License No. 01121
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor AECOM	
		Street Address 4840 Cox Road	
		City, State, Zip Code Glen Allen, VA 23060	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> 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
Box Car TBOX 663110			X	Caulking	1600	LF			
Box Car GACX 54339			X	Caulking	300	LF			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill	
City, State Trenton, New Jersey			Disposal Date 01/26/18	City, State Morrisville, PA	
Completed by Jessica Wolfe		Title Admin. Support	Signature <i>Jessica Wolfe</i>	Date 1/26/2018	

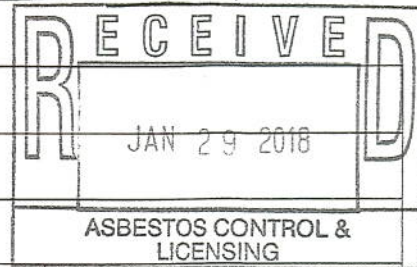


CKH 8680

PAID

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

"EMERGENCY" Print Form



Date of Notification (1) <b>1/26/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>Doug McGARRY</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G - ORADELL GAS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>451 NEW MILFORD AVE.</b>		Square Feet <b>80,000</b>	# of Floors <b>1</b>						
City (5) <b>ORADELL</b>		Bldg. Age <b>APPX 57 yrs</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>GAS HEADQUARTERS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>							
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
Start Date (10) <b>1/29/18</b>		License No. <b>01111</b>							
Scheduled Completion Date (11) <b>1/30/18</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
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 <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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>MEN'S LOCKER/BATHROOM</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>50 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 5</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <b>Carol Raimo</b>			Date <b>1/26/18</b>			



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Date of Notification (1) 01 / 03 / 18		Name of Building Owner / Operator (2) CELGENE CORPORATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JAN 29 2018</b> </div>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 535 MORRIS AVENUE City, State, Zip Code SUMMIT, NJ 07901 Name of Contact JANOS ANGELI
<b>FACILITY INFORMATION</b>						<b>ASBESTOS CONTROL &amp; LICENSING</b>
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - BLDG. S-2				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 535 MORRIS AVENUE				Square Feet 17,000 # Of Floors 2 Building Age 40+		
City (5) SUMMIT	County (6) UNION	County Code (7)	Current Use (Prior if being demolished) OFFICE/CAFETERIA			
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD GROUP LLC / EWMA			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE			Street Address 32 Williams Parkway			
City, State, Zip Code PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054			City, State, Zip Code East Hanover, NJ 07036			
Project Mngr. For Monitoring Firm MIKE GARAMBONE / Kevin Seise		Telephone Number 609-730-0007 / 973-560-1400	Telephone Number 973-884-8682			
Sched. Start Date (10) 02 / 20 / 18		Sched. Completion Date (11) 05 / 30 / 18	License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: MON-FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036			
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L      R E P A I R      E N C A P S U L      E N C L O S U R		
S-2 THRU OUT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	262 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
S-2 2ND FLOOR ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT CALK	260 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
S-2 1ST & 2ND FLOORS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FOAM MASTIC	2,442 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
S-2 BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT /MASTIC	862 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler NORTHSTAR CONTRACTIN GROUP, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL		
City, State EAST HANOVER, NJ		Disposal Date	City, State MORESVILLE, PA			
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 		Date 01/26/18	



Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A						
S-2 BASEMENT STAIRWELL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT BANK AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT LOCKER AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	120 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"/>

