



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

Date of Notification (1) 06-25-2018		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 2 - 2018 </div>					
Agencies Notified	Type Notification	Street Address 765 Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>13</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07102							
		Name of Contact Christopher Cerf		Telephone Number 973-733-7333					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational School				Type of Facility (4)					
Street Address 301 W Kinney Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark NJ 07103				Square Feet N/A	# of Floors N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental Consultant		ASCM No.		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 7 Pleasant Hill Road				Street Address PO BOX 734					
City, State, Zip Code Cranbury NJ 08512				City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 07-05-2018		Scheduled Completion Date (11) 08-05-2018		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 734					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED BUILDING</u>				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 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
1st Floor Culinary Area			x	Acoustical Ceiling	500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 08-09-2018	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-25-2018			

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

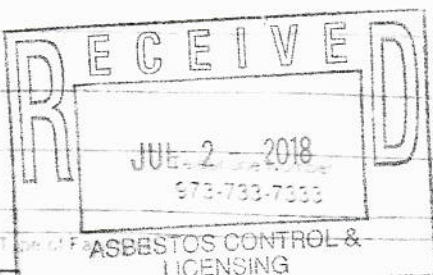
Date of Notification (1) 06-25-2018		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 2 - 2018 ASBESTOS CONTROL & ABATEMENT DIVISION </div>					
Agencies Notified	Type Notification	Street Address 765 Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07102 Name of Contact Christopher Cerf							
		Telephone Number 973-733-7333							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational School				Type of Facility (4)					
Street Address 301 W Kinney Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark NJ 07103				Square Feet N/A	# of Floors N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental Consultant		ASCM No.		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 7 Pleasant Hill Road		Street Address PO BOX 734		City, State, Zip Code Woodland Park NJ 07424					
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		Telephone No. 973-692-6298	License No. 01266				
Start Date (10) 07-05-2018		Scheduled Completion Date (11) 08-05-2018		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address PO BOX 734					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OCCUPIED BUILDING</u>				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
1st Floor Culinary Area			x	Acoustical Ceiling	500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 08-09-2018	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-25-2018			

06-20-2018

Date of Abatement: 06-20-2018

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Name of Building Owner/Operator: Newark Public Schools



Age of Building: 1911

Type of Abatement:

- ☒ EPA
- ☒ DEP
- ☒ DCL
- ☒ DCM
- ☒ DCA

- ☐ Initial
- ☒ Amended Amendment #10
- ☐ Emergency, including notification
- ☐ Cancellation

Street Address: 765 Broad Street
City/State/Zip Code: Newark NJ 07102
Name of Contact: Christopher Cerf

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Newark Vocational School

Street Address: 301 W Kennedy Street

City/State/Zip Code: Newark NJ 07103

County (6): Essex

County Code (7) (STATE USE ONLY):

Type of Facility: ASBESTOS CONTROL & LICENSING

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

Square Feet: N/A # of Floors: N/A Bldg. Age: N/A

Current Use (If not being remediated): School

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

ASCM (9):

Name of Asbestos Contractor (1): Amax Contracting LLC

Street Address: 7 Pleasant Hill Road

Street Address: PO BOX 734

City/State/Zip Code: Cranbury NJ 08512

City/State/Zip Code: Woodland Park NJ 07424

Project Manager for Monitoring Firm: Kevin Loebl

Telephone No: 732-390-5858

Telephone No: 973-692-6298

License No: 01265

Start Date (10): 06-29-2018

Scheduled Completion Date (11): 07-29-2018

Name of OSHA Monitor: Amax Contracting LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address: PO BOX 734

City/State/Zip Code: Woodland Park NJ 07424

Scope of Work (Check All That Apply)

- ☐ <3 sf to <20 sf
- ☒ >100 sf to <1000 sf

- ☒ Renovation
- ☐ Demolition

- ☒ Full Containment with Negative Air Pressure
- ☐ Mini-Enclosure
- ☐ Glovebag Procedure
- ☐ Non-Exempted (*) and Non-Phase Procedure

Location of Asbestos-Containing Material (ACM) (i.e. BE ABATED Facility)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VVT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	yes	no	N/A			Removal	Repair	Encapsulation	Other
Wood Shop and Shop Areas			x	Acoustical Ceiling	1400 SF	x			

Name of Asbestos Hauling Contractor: Amy's Contracting, LLC

NIDEP Waste Hauler ID No: 0036164

Cubic Yards of Waste: 8 CY

Name of Receiving Landfill: Fairless Hills

City/State: Woodland Park NJ 07424

Disposal Date: 08-05-2018

City/State: Morrisville PA

Completed by: Tonia M. Loebl

Title: Project Manager

Signature: [Handwritten Signature]

Date: 06-20-2018

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Project #

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

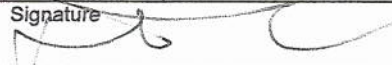
Check # 4358

Date of Notification (1) 06/27/2017		Name of Building Owner/Operator (2) David Dublier							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code River Edge, NJ 07661							
Name of Contact David Dublier		ASBESTOS LICE [REDACTED] Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Appartments Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 Nortfield Ave		Square Feet							
City (5) West Orange, NJ		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) IRIS		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Randolph, NJ 07869							
Telephone No. _____		Telephone No. _____							
Start Date (10) 07/11/2018		License No. _____ 973933-2550							
Scheduled Completion Date (11) 07/18/2018		Name of OSHA Monitor IRIS							
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: 3:30PM		Street Address 2333 Rt 22 West							
City, State, Zip Code Union, NJ 07083		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 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
Boiler room area		X		TSI	100 LF	X			
Boiler room area				Boiler insulation	250 SF	X			
Boiler room area				TSI wrap & cure	5 LF		X		
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature <i>Nikica Mrda</i>		Date 06/27/2018			

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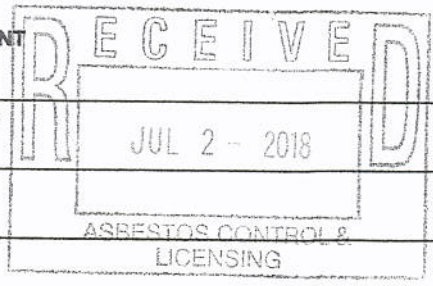
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06-25-2018		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 2 - 2018 ASBESTOS & LEAD TESTING LICENSING Telephone Number 973-733-7333 </div>					
Agencies Notified	Type Notification	Street Address 765 Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07102 Name of Contact Christopher Cerf							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational School			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 301 W Kinney Street									
City (5) Newark NJ 07103			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental Consultant		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 7 Pleasant Hill Road		Street Address PO BOX 734							
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-692-6298	License No. 01266					
Start Date (10) 07-05-2018	Scheduled Completion Date (11) 08-05-2018		Name of OSHA Monitor Amax Contracting 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: <u>OCCUPIED BUILDING</u>			Street Address 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 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
Northern corridor near gym area			x	Accoustical Ceiling	2500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 08-09-2018	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 06-25-2018					

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

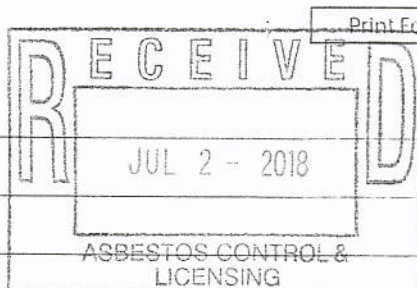


Date of Notification (1) 06-25-2018		Name of Building Owner/Operator (2) Newark Public Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 765 Broad Street City, State, Zip Code Newark NJ 07102						
	Name of Contact Christopher Cerf Telephone Number 973-733-7333								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational School		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 301 W Kinney Street		Square Feet N/A	# of Floors N/A						
City (5) Newark NJ 07103		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental Consultant		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 7 Pleasant Hill Road		Street Address PO BOX 734							
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-692-6298 License No. 01266						
Start Date (10) 07-05-2018	Scheduled Completion Date (11) 08-05-2018	Name of OSHA Monitor Amax Contracting 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: OCCUPIED BUILDING		Street Address 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 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
Stairwell to basement kitchen			x	Accoustical Ceiling	500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 08-09-2018		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 06-25-2018			

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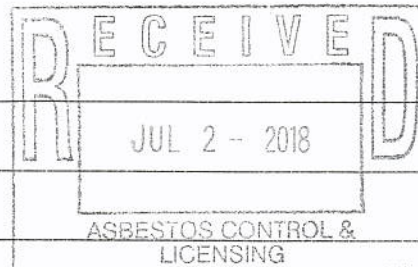
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06-20-2018		Name of Building Owner/Operator (2) Allendale School District							
Agencies Notified	Type Notification	Street Address 100 Brookside Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Allendale NJ 07401							
		Name of Contact Jack Pattman	Telephone Number 201-444-0130						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hillside Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 89 Hillside Ave		Square Feet N/A	# of Floors N/A						
City (5) Allendale NJ 07401		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 300 Kimball Drive		Street Address PO BOX 734							
City, State, Zip Code Parsipanny NJ 07054		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Vijay Petel		Telephone No. 973-560-4900	Telephone No. 973-692-6298						
License No. 01266									
Start Date (10) 07-02-2-18	Scheduled Completion Date (11) 08-10-2018	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 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 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
Boiler Room/ IT Room 16B			X	pipe insulation&fittings(wrap&cut	31LF	X			
storage across classroom #9			X	pipe insulation&fittings(wrap&cut	32LF	X			
Hallways			X	pipe insulation&fittings(wrap&cut	108LF	X			
Various Spaces			X	VAT	150SF	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 NJ07424			Disposal Date 08-15-2018	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature	Date 06-20-2018					

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



Date of Notification (1) 06/28/18		Name of Building Owner/Operator (2) Bloomfield Board of Education							
Agencies Notified	Type Notification	Street Address 155 Front St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____	City, State, Zip Code Bloomfield, NJ 07003							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joseph Scazafave	Telephone Number 973-680-8501						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carteret Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 158 Grove St.									
City (5) Bloomfield		Square Feet 60,000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0003	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address 3 Crosswicks St.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973 832 4244						
Start Date (10) 07/09/18		Scheduled Completion Date (11) 07/20/18	License No. 01155						
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 Same as above							
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
Boiler Room			X	Breeching Insulation	400 SF	x		x	
Boiler Room			X	Boiler Insulation	800 SF	x		x	
Boiler Room			X	Pipe Insulation	150 LF	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by John Geleski		Title PM		Signature 				Date 06/28/18	

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

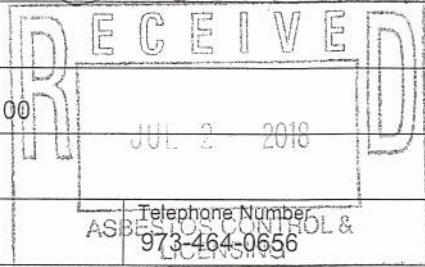
Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) Andrea Hope							
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				<input type="checkbox"/> [Redacted] City, State, Zip Code Metuchen, NJ 08840			
						Name of Contact Andrea Hope Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home				Type of Facility (4)					
Street Address [Redacted]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Metuchen				Square Feet 2200	# of Floors 2				
County (6) Middlesex				County Code (7) (STATE USE ONLY)	Bldg. Age 60				
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)					
ASCM No.				ABS Environmental Services, LLC					
Street Address				Street Address					
City, State, Zip Code				PO Box 483, 4 E Gate Drive					
Project Manager for Monitoring Firm				City, State, Zip Code					
Telephone No.				Glenwood, NJ 07418					
Start Date (10) 7/9/18				Scheduled Completion Date (11) 7/16/18					
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: basement				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	15 LF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Freehold Cartage		15939		TBD	Western Berks Landfill				
City, State				Disposal Date	City, State				
Freehold NJ				TBD	Birdsboro PA				
Completed by			Title	Signature			Date		
A. Scott Higgins			President				6/28/18		

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

Check 17794

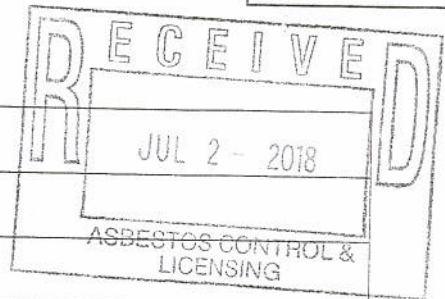


Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) Morris Habitat for Humanity							
Agencies Notified	Type Notification	Street Address 247 South Salem Street, Suite 100							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Randolph, NJ 07869							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mel Oppenheimer	Telephone Number 973-464-0656						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 232 Howe Avenue		Square Feet 3200	# of Floors 2						
City (5) Passaic		Bldg. Age 73							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/14/18	Scheduled Completion Date (11) 7/23/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation & fittings	75 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President	Signature 				Date 6/28/18		

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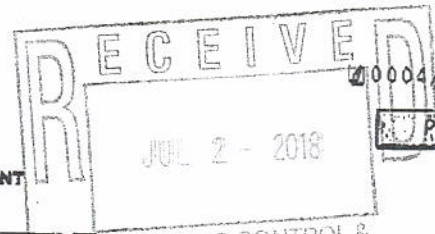
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) Harper Management Corporation							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact Bob Harper	Telephone Number 201-263-0167						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 391-419 Union Ave		Type of Facility (4)							
Street Address 391-419 Union Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Irvington		Square Feet	# of Floors 4						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) apartment buildings							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9076	License No. 1200						
Start Date (10) 7/9/18	Scheduled Completion Date (11) 7/30/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Pipe Insulation	1000LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/30/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date				

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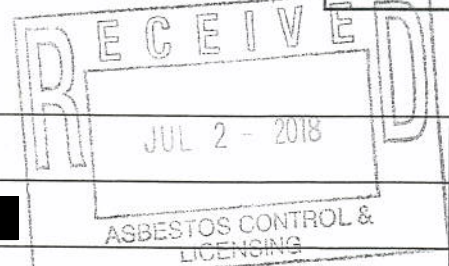
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:125)

Date of Notification (1) 6/28/2018		Name of Building Owner/Operator (2) Doshi	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Kendall Park, N. 08824	
Name of Contact Dipika Doshi		Telephone Number [REDACTED]	
Name of Facility Where Abatement is Taking Place (3) Residential			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> Single (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Kendall Park, NJ 08824		Square Feet 1500	
County (6) Middlesex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code [REDACTED]		Street Address PO Box 322	
Project Manager for Monitoring Firm		City, State, Zip Code Allentown, NJ 08501	
Start Date (10) 7/2/2018		Telephone No. 809 259-9686	
Scheduled Completion Date (11) 7/6/2018		License No. 00493	
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 Authorized Person MECS	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address PO Box 341	
City, State, Zip Code Chesterfield, NJ 08516			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 1300 sf	
Transite Siding		Abatement Type Removal X Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Stevens Environmental Services		NJ DEP Waste Hauler ID No. 18292	
City, State Allentown, NJ 08501		Cubic Yards of Waste 3 cu	
Disposal Date 7/6/2018		Name of Registered Landfill Fallston Landfill	
City, State Middletown, PA			
Completed by Mahlon E. Stevens		Title Project Manager	
Signature [Signature]		Date 6/28/18	

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



Date of Notification (1) 6/28/2018		Name of Building Owner/Operator (2) Doshi							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kendall Park, NJ 08824							
		Name of Contact Dipika Doshi	Telephone Number (732) 319-3694						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Kendall Park, NJ 08824		Square Feet 1500	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address		Street Address PO Box 322							
City, State, Zip Code		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/2/2018	Scheduled Completion Date (11) 7/6/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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 Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	1300 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501			Disposal Date 7/6/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 6/28/18					

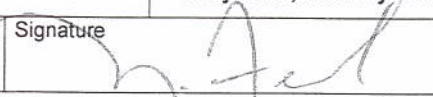
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check
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Date of Notification (1) 6-29-18		Name of Building Owner/Operator (2) Joann Wachenheim							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Joann Wachenheim Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 2						
City (5) East Brunswick NJ 08816		ASBESTOS Bldg. Age & LICENSING 55+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) July 9, 2018	Scheduled Completion Date (11) July 9, 2018	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Crawl Space	X			Duct Wrap	30 LF	X			
Basement	X			Floor Tile	400 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date July 10, 2018	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker				Date 6-29-18		

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

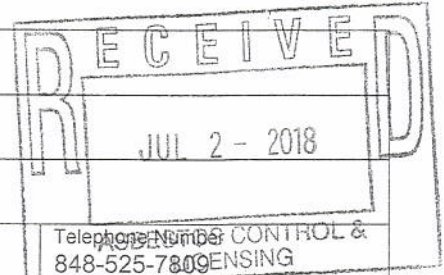
Date of Notification (1) 06 / 28 / 18		Name of Building Owner/Operator (2) Fred Truex	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
		City, State, Zip Code Brielle, NJ 08730	
		Name of Contact Fred Truex	
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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
City (5) Brielle		Square Feet 3500	# of Floors 2
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 22 / 18	Scheduled Completion Date (11) 07 / 06 / 18	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 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)
	Yes	No	
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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 15
City, State Toms River, New Jersey		Disposal Date 07/06/18	Name of Registered Landfill T.R.R.F.
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 
		Date 6/25/18	

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



Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) Realty Pro							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ Name of Contact Sam Cooper							
		Telephone Number 848-525-7809							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 883 Clinton Ave		Type of Facility (4)							
Street Address 883 Clinton Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Irvington		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) commercial building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 7/9/18	Scheduled Completion Date (11) 7/16/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Piping	200 LF	x			
EXTERIOR				Roof Flashing	80 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/16/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

PAID

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

Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) Margaret Howlett	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Margaret Howlett	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number ASBESTOS CONTROL & REMEDIATION	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Margaret Howlett			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ, 07043	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 07 - 19 - 18		Sched. Completion Date (11) 07 - 21 - 18		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe insulation	125 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042			Disposal Date 7/23/18	City, State Bronx, NY, 10474	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 6/28/18

06/27/2018 10:45 2812628321

AMAC

PAGE 02/03

OK-1108

PAID

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

RECEIVED
DOL - TO DAY JUL 2 2018
1108

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED
10/6/18

Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) VICO SANCHEZ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code PARANUS, N.J.	
Name of Contact VICO SANCHEZ		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"/> School 13 (Other than K-12) <input type="checkbox"/> K-12, portions of commercial buildings, factories, etc.	
Street Address [REDACTED]		Square Feet 1900	
City (5) PARANUS		No. of Floors 2	
County (6) Bergen		Bldg. Age 100	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		Street Address	
Project Manager for Monitoring Firm		City, State, Zip Code	
Telephone No.		Midland Park, NJ 07432	
Start Date (10) 6/27/18		Telephone No. 201-262-5841	
Scheduled Completion Date (11) 7/09/18		License No. 00158	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Consultant Omaga Environmental Services Inc	
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2100 sf or 2200 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Airlocks <input type="checkbox"/> Glove Boxes <input type="checkbox"/> Non-Containment and Non-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) EXTERNAL		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) 1200 SF	
TRANSITE Siding		Abatement Type Removal Repair Encapsulation Enclosure Removal	
Name of Registered Waste Handler Newark Carting Inc.		NJDEP Waste Handler ID No. 04508	
City, State NEWARK, NJ 07105		Cubic Yards of Waste 4	
Disposal Date 6/27/18		Name of Registered Landfill Glenn Central Sanitary Landfill	
Completed by Joseph Vaccaro		Title Vice President	
Signature J. Vaccaro		Date 6/27/18	

AS8-21 (7-06-05)

* Do not use this form for asbestos response exempted activities

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

Date of Notification (1) 6/25/18		Name of Building Owner / Operator (2) Warren Township BOE		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JUL 2 - 2018 ASBESTOS CONTROL & LICENSING Telephone Number 908-753-5300 </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended - REV #1 - 6/27/18 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	213 Mount Horeb Road City, State & Zip Code Warren NJ, 07059							
		Name of Contact Michael Pate							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Angelo Tomaso School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 46 Washington Valley Road			Square Feet 20000	# of Floors 1	Bldg. Age 76				
City (5) Warren	County (6) Somerset	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET							
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Stocku		Telephone Number 609-304-3969	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) 6/26/18	Scheduled Completion Date (11) 6/28/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL 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 Hours - 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET						
			City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Front Foyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	400 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/27/18				

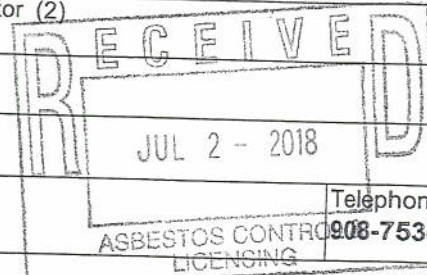
PD18003

APPROVED BY:
TOM VOORHEES, NJDOOL

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

CHK # 3394

Date of Notification (1) 6/25/18		Name of Building Owner / Operator (2) Warren Township BOE	
Agencies Notified	Type Notification	Street Address 213 Mount Horeb Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Warren NJ, 07059	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Michael Pate	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number 908-753-5300	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Horeb School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address 80 Mount Horeb Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Warren	County (6) Somerset	County Code (7)	Square Feet 20000	# of Floors 1	Bldg. Age 76
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental			Current Use (Prior if being demolished) School		
Street Address 1253 North Church Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Moorestown, NJ 08057			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Mike Stocku			City, State & Zip Code BRISTOL, PA 19007		
Telephone Number 609-304-3969			Telephone Number 215-788-6040		
Scheduled Start Date (10) 6/26/18			License Number 00509		
Scheduled Completion Date (11) 6/28/18			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 BEAVER STREET		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			City, State & Zip Code BRISTOL, PA 19007		
Describe: 10pm -6am					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

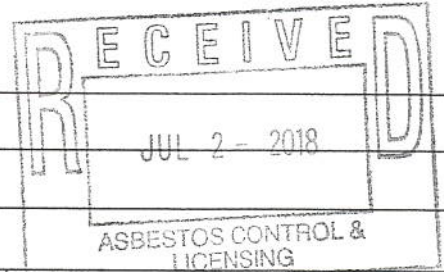
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front Foyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT / Mastic	400 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/25/18

hook

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



Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) Roselle Park School District	
Agencies Notified	Type Notification	Street Address 510 Chestnut Street	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Roselle Park, NJ 07204	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact David Trinidad c/o Accurate Construction	
<input checked="" type="checkbox"/> DOL	Amendment # 1	Telephone Number 973-417-7946	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

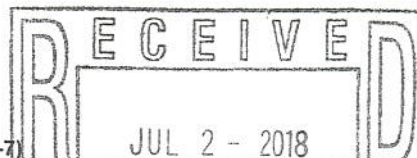
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roselle Park High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 185 West Webster Avenue			
City (5) Roselle Park, NJ		Square Feet 100,000+	# of Floors 2+ Bldg. Age 70+
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 56 East Bridge Street		Street Address 32 Willow Way	
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager from Monitoring Firm Richard Beach		Telephone No. 609-203-3115	License No. 01331
Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/15/18	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 <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input 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 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
Rooms 13A & 13B		X		Tar Vapor Barrier beneath Hardwood Flooring	1,674 SF	X			
Rooms 9, 11, 11A, 11 B, 13A, 13B & 13C		X		Cementitious Fitting Insulation off Cloth Covered Fiberglass Insulation	107 Fittings	X			

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, New Jersey	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Zhivko Nikolov	Title President	Signature 	Date 6/27/18

CK 40423

PAID



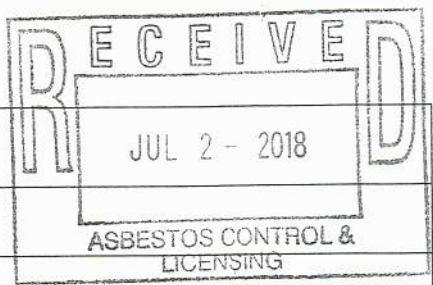
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 0 6 2 8 1 8		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		ASBESTOS CONTROL & LICENSING	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET	
		City, State, Zip Code CINCINNATI, OHIO 45202			
		Name of Contact Ralph Copolla		Telephone Number 973-265-9763	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF		
City WOODBRIDGE		County UNION	County Code State use Only	# Floor 3	Age of Bldg. 50+
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES			Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 24 COMMERCE ST - SUITE 300			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code NEWARK, NJ 07102			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		License Number 00575	
Scheduled Start Date 7 16 2018		Scheduled Completion Date 8 16 2018		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 6:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed VAT & Mastic	
1st Level				Amount to be Removed (Specify SF/LF) 180SF	
1st Level Escalator				400SF	
2nd Level Escalator				400SF	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	
City, State BRONX, NY		Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER		Signature <i>Anita Smolar</i>	
				Date 6/28/2018	

CR 904

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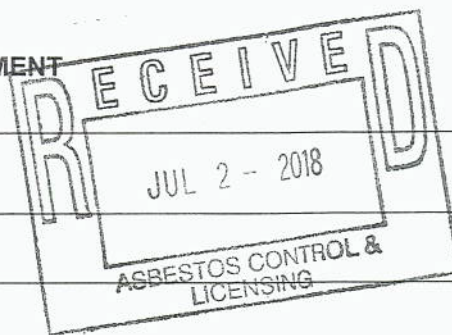
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 28 / 18		Name of Building Owner/Operator (2) Rowan University							
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 40 North Academy Street City, State, Zip Code Glassboro, NJ 08028 Name of Contact Michael Fisher Telephone Number 856-256-4766							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rowan University - Westby Hall		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 237 Mullica Hill Road		Square Feet 20,000	# of Floors 2						
City (5) Glassboro		Bldg. Age 80							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Academic							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Rafael Torres		Telephone No. 609-890-7277	License No. 00842						
Start Date (10) 07 / 16 / 18	Scheduled Completion Date (11) 08 / 03 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2,000 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking & Glazing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 08/03/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 6/28/18					

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




Date of Notification (1) 06 / 28 / 18		Name of Building Owner/Operator (2) Catherine Daly							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Riverton, NJ 08077 Name of Contact Catherine Daly							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Daly 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 <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Riverton		Square Feet 2,000	# of Floors 3						
		Bldg. Age 80							
County (6) Burlington		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. 	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 07 / 14 / 18	Scheduled Completion Date (11) 07 / 16 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ			Disposal Date 07/16/2018	City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/28/18			

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

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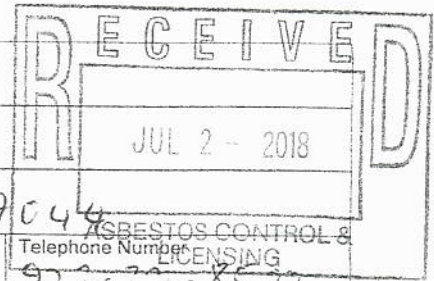
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Date of Notification (1) June 28, 2018		Name of Building Owner/Operator (2) Select Modular Homes		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 2 - 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 361 Main Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek NJ 08092							
		Name of Contact Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Multi Family Dwelling				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 246 South Broad Street				Square Feet 2500	# of Floors 2				
City (5) Woodbury				Bldg. Age 50+					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant House					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting					
Street Address n/a		Street Address 360 Palisade Ave.							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-460-6026	License No. 01255				
Start Date (10) 7/7/2018		Scheduled Completion Date (11) 7/13/2018		Name of OSHA Monitor Harmony 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 type="checkbox"/> Other - Describe: _____				Street Address 360 Palisade Ave					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apt B throughout			x	Asbestos Tiles	250 SF	x			
Apt C throughout			x	Asbestos Tiles	110 SF	x			
Windows			x	Window Caulking	12 Windows	x			
Apt C			x	Drywall Joing Compound	400 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 		Date 6/28/2018			

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



Date of Notification (1) 06.28.2018		Name of Building Owner/Operator (2) County of Essex						
Agencies Notified	Type Notification	Street Address 900 Bloomfield Av.						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code VERONA NJ 07044						
		Name of Contact Willi Denicotte	Telephone Number 923-226-8500					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Vailsburg PARK		Type of Facility (4)						
Street Address 634-735 S ORANGE AV		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) NEWARK NJ		Square Feet 2,770	# of Floors 1					
County (6) ESSEX		Bldg. Age 98						
County Code (7) ESSEX		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AZ SOLUTION CONSULTING LLC		ASCM No.	Name of Abatement Contractor (9) DIVINE DEVELOPMENT LLC					
Street Address 27 Susquehanna Av.			Street Address 522 SIXTH STREET					
City, State, Zip Code ROCHELLE PARK NJ			City, State, Zip Code NEWARK NJ					
Project Manager for Monitoring Firm Alex Zivnov		Telephone No. 347-621572	License No. C1346					
Start Date (10) 07.13.2018	Scheduled Completion Date (11) 08.13.2018		Name of OSHA Monitor AZ Solution Consulting LLC					
Occupancy Status During Abatement (Check Only One)		Street Address 27 Susquehanna Avenue						
<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 ROCHELLE PARK NJ 07062						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> WRAP and cut <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
Former Boiler Room		X		PIPE INSULATION	25 LF	X		
ATTIC		X		PIPE INSULATION	285 LF	X		
WINDOWS		X		GLAZING Components	27	X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30 YARD	Name of Registered Landfill IESI LANDFILL				
City, State NEWARK NJ		Disposal Date TBD	City, State Bethlehem PA					
Completed by JOVAN SURDOSKI		Title OWNER	Signature 		Date			

Ch 13012

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

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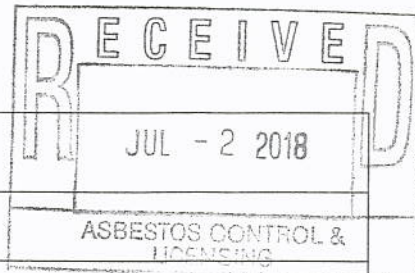
JUL - 2 2018

ASBESTOS CONTROL &
 LICENSE # 15

Date of Notification (1) 06/22/2018		Name of Building Owner/Operator (2) Theresa Prezioso							
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		City, State, Zip Code Verona, NJ 07044 Name of Contact Theresa Prezioso Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence			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) Verona			Square Feet 2000	# of Floors 2	Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Nari Construction, LLC					
Street Address		Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 862-264-9463	License No. 01306				
Start Date (10) 07/07/2018		Scheduled Completion Date (11) 07/07/2018		Name of OSHA Monitor Nari Construction, 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: _____				63 Leather stocking Path					
				City, State, Zip Code					
				Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI/Pipes	145 LF	X		X	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535		Cubic Yards of Waste 2 CY	Name of Registered Landfill G.R.O.W.S				
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager		Signature		Date 06/22/2018			

Ch 4902

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



Date of Notification (1) 06 / 27 / 18		Name of Building Owner/Operator (2) Medford Leas							
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 1 Medford Leas Way City, State, Zip Code Medford, NJ 08055 Name of Contact Michael Worley Telephone Number 609-654-3372							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Medford Leas Community Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Medford Leas Way									
City (5) Medford		Square Feet 10,000	# of Floors 1 Bldg. Age 80						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retirement Community							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 07 / 07 / 18	Scheduled Completion Date (11) 07 / 10 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 12 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Service Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/10/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/27/18			

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



Date of Notification (1) 06 / 27 / 18		Name of Building Owner/Operator (2) Fleur Donegan		ASBESTOS CONTROL & LICENSING					
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 Bellmawr, NJ 08031		Telephone Number					
Name of Contact Michael Donegan									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Donegan 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]									
City (5) Bellmawr				Square Feet 2,000	# of Floors 3				
				Bldg. Age 80					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 07 / 11 / 18		Scheduled Completion Date (11) 07 / 18 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 07/18/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/27/18			

06/26/2018 08:28AM 9736381778

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

Check#3089

Date of Notification (1) 06 / 26 / 18		Name of Building Owner/Operator (2) Aleksandr Sharovarov	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code New Providence, NJ 07974	
Name of Contact Aleksandr Sharovarov		Telephone Number [REDACTED]	

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PAGE 03/04
JUL - 2 2018
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
WAVES APPROVED
[Signature]

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet [REDACTED]	
City (5) New Providence, NJ 07974		# of Floors [REDACTED]	
County (6) Union		Bldg. Age [REDACTED]	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

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

Start Date (10) 06 / 27 / 18		Scheduled Completion Date (11) 06 / 28 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
Street Address 20-21 Wagaraw Road, Bldg. #35E		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >150 sf or >250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Tulsa, PA			
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 06/26/18	

ASB-41
MAY 11

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

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

Check # 1326

Date of Notification (1) June 27, 2018		Name of Building Owner / Operator (2) Heller Family, LLC	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Edison, NJ 08817	
		Name of Contact Dennis Frick	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 96 Executive Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Edison		Square Feet 1,900	# of Floors 1
County (6) Middlesex		Bldg. Age 60 years	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	
Street Address 15 West Elizabeth Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Linden, NJ 07036		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kelly Walton		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-862-4301		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) July 7, 2018	Scheduled Completion Date (11) August 7, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

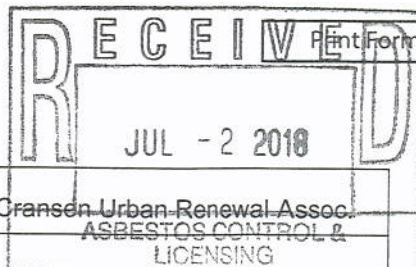
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office Space		X		Floor Tile	940 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ		Disposal Date August 8, 2018	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane F Aloia</i>	Date June 27, 2018

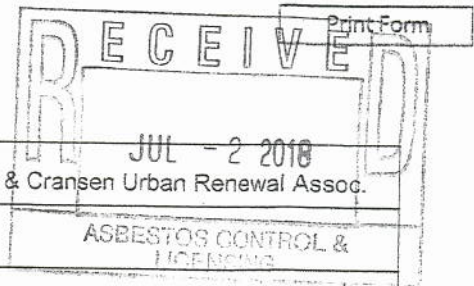
*Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 6/25/2018		Name of Building Owner/Operator (2) Cranfan Urban Renewal Assoc., LLC & Cransen Urban Renewal Assoc.							
Agencies Notified	Type Notification	Street Address 5 Powell Lane							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Collingswood, NJ 08108							
		Name of Contact Geoffrey Long	Telephone Number 856 662-1730 x 176						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Midway/Chip Trucking Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2687 Route 130		Square Feet 8,000	# of Floors (2)						
City (5) Cranbury		Bldg. Age ~ 60							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant-Former Truck Repair Facility							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections, Inc.		ASCM No.							
Street Address P.O. Box 11645		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
City, State, Zip Code Philadelphia, PA 19116		Street Address 42 Ridge Road							
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267 784-4693	License No. 00836						
Start Date (10) 6/14/2018	Scheduled Completion Date (11) 6/28/2018	Name of OSHA Monitor Neuber 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Chip and Midway Trucking			X	Floor Tile and Mastic	627 SF	X			
Midway Trucking Boiler Room			X	Transite Ceiling Board	110 SF	X			
Midway Trucking			X	Drywall/Joint Compound	105 SF	X			
Chip Trucking Side Only			X	Roofing	3,400 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 60 Cu. Yds.	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 06/2018		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature		Date 6/25/2018			

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



Date of Notification (1) 6/04/2018		Name of Building Owner/Operator (2) Cranfan Urban Renewal Assoc., LLC & Cransen Urban Renewal Assoc.	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Powell Lane	
		City, State, Zip Code Collingswood, NJ 08108	
		Name of Contact Geoffrey Long	Telephone Number 856 662-1730 x 176

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Midway/Chip Trucking Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2687 Route 130		Square Feet 8,000	# of Floors (2)
City (5) Cranbury		Bldg. Age ~ 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant-Former Truck Repair Facility	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections, Inc.		ASCM No	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address P.O. Box 11645		Street Address 42 Ridge Road	
City, State, Zip Code Philadelphia, PA 19116		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267 784-4693	Telephone No. 610 933-4332
		License No. 00836	
Start Date (10) 6/14/2018	Scheduled Completion Date (11) 6/28/2018	Name of OSHA Monitor Neuber 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 42 Ridge Road	
		City, State, Zip Code Phoenixville, PA 19460	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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
Chip and Midway Trucking			X	Floor Tile and Mastic	627 SF	X			
Midway Trucking Boiler Room			X	Transite Ceiling Board	110 SF	X			
Midway Trucking			X	Drywall/Joint Compound	105 SF	X			
Chip and Midway Trucking			X	Roofing	7,730 SF	X			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 100 Cu. Yds.	Name of Registered Landfill GROWS/Tullytown Landfill	
City, State Trenton, NJ		Disposal Date 06/2018		City, State Morrisville, PA	
Completed by Tim Walter		Title Project Manager	Signature 	Date 6/04/2018	

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

Check 17789

Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) Richard Ero							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hewitt, NJ 07421							
		Name of Contact Joanne Hamilton	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union		Square Feet 3000	# of Floors 2						
County (6) Union		Bldg. Age 61							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/9/18	Scheduled Completion Date (11) 7/23/18	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
green house front area			x	12" x 12" floor tile	400 SF	x			
green house office area			x	9" x 9" floor tile	375 SF	x			
house kitchen			x	9" x 9" floor tile	300 SF	x			
house kitchen			x	12" x 12" floor tile	300 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothes Sanitary Landfill				
City, State Bridgewater NJ				Disposal Date TBD	City, State Easton PA				
Completed by A. Scott Higgins		Title President		Signature 	Date 6/27/18				


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

Check 17788

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Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) Exclusive Homes							
Agencies Notified	Type Notification	Street Address 550 Warwick Turnpike							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hewitt, NJ 07421							
		Name of Contact Byron	Telephone Number 973-330-1279						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oradell		Square Feet 2000	# of Floors 2						
County (6) Bergen		Bldg. Age 64							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/6/18	Scheduled Completion Date (11) 7/20/18	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
second floor family room			x	floor tile	200 SF	x			
exterior			x	siding	1800 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothes Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/27/18			

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

CL# 027440

Date of Notification (1) 06/26/18		Name of Building Owner/Operator (2) 75 Jersey City, LLC							
Agencies Notified	Type Notification	Street Address 855 Lexington Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 11065							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. Eric Albanese	Telephone Number 973-300-0069						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 20,000 +	# of Floors 6 +						
City (5) Jersey City		Bldg. Age 50 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	License No. 00408						
Start Date (10) 07/06/18	Scheduled Completion Date (11) 07/22/18	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
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
Rooms 201 and 601			X	Floor Tile & Mastic	3,250 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 06/26/18			

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

Check 17791

Date of Notification (1) 6/27/18		Name of Building Owner/Operator (2) Amaury Guzman		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 2 2018 OS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Fairview NJ Name of Contact Amaury			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Fairview				Square Feet 2200	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 68				
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC				
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				973-764-2276	703				
Start Date (10) 7/10/18		Scheduled Completion Date (11) 7/24/18		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	multicolored flooring	144 SF	x			
basement			x	9"x9" floor tile	150 SF	x			
front lower porch			x	roofing	200 SF	x			
rear lower porch			x	roofing	30 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater NJ				Disposal Date TBD	City, State Easton PA				
Completed by A. Scott Higgins		Title President		Signature		Date 6/27/18			